EXHIBIT TO COMPLAINT

Case 279-CV-U2858-JIVIA-AIL DOMESTIC AMEDIENT REPO	0510	70000	18-535 035			
Reported Date (MMDDMYY) Time (24 hours)		J Walk-in	Complaint # 07			
Address (Street No., Street Name, Bldg. No., Apt No.)	State, Zip Jaffer	now ST				
Name (Last, First, M.I.) (Include Aliases) PERSO PLICHAEL	3 26 84 S	ige: ☐ Female 34 ☐ Self-Ide	e 🏂 Male entified:			
Address (Street, No., Street Name, Bldg. No., Apt No.)	Victim Phone Number:		GLISM			
City, State, ZID JOFF STATION NY 11776	White □ Black □ A		ic ☑Non Hispanic □Unknown			
	☐ American Indian ☐ 0	Other I	dentifier:			
Name (Last, First, M.I.) (Include Aliases)	DOB W25 3	ge: Mr Female 33 ☐ Self-Ide	e □ Male entified:			
Address (Street No., Street Name, Bldg. No., Apt No.) KATE CT-		Language	GLICH			
City, State, Zip	White □ Black □ A	Asian 🗆 Hispan	ic K Non Hispanic Unknown			
Do suspect and victim live Suspect/P2 present? Was suspect injured? Yes No If yes describe:	☐ American Indian ☐ □ Possible drug or alcohol		dentifier: ervised? □ Probation □ Parole			
together ? □ Yes XNo □ Yes XNo	use? ☐ Yes X No	☐ Not Supe	rvised X Status Unknown			
Suspect (P2) Relationship to Victim (P1) ★ Married □ Intimate Partner/Dating □ Formerly Married □ Parent of Victim (P1) □ Child of Victim □ Relative: □ □ Other:	☐ Former Intimate Partne		suspect and victim have a common?			
Emotional condition of VICTIM? ☑ Upset □ Nervous □ Crying □ Angry □ Other:						
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incide						
I MAS NEDEO CHRUZING UND SHE ENDED LI	76 PML	THE SECOND SECON				
Did suspect make victim fearful? ☐ Yes No If yes, describe:						
Weapon Used? ☐ Yes ☐ No Gun: ☐ Yes ☐ No Other, describe:	Suspec	ct Threats? 🖂 Y	es No If Yes, Threats to:			
Access to Guns? Yes No If yes, describe:	──────── □ Victi	lim ☐ Child(ren)	☐ Pet ☐ Commit Suicide			
		er Describe:	ness 🗆 Urination/Defecation			
In Pain? Yes No. If wes describe:	s/Petechia ☐ Sore Throat rks? ☐ Yes ★ No if yes	t 🛘 Breathing C	hanged Difficulty Swallowing			
What did the SUSPECT say (Before and After Arrest):	no. E 100 Bg. 110 il yes	, describe.				
710.30 completed? ☐ Yes ☑ No						
Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness(1) Address (Street No., Name, Bldg./Apt)	City, State, Zip		Phone:			
PERSO, METCHOEL JR 10-21-14 KATE CT	PUT JEFFE	mon IR	77 631.591-2021			
Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness(2) Address (Street No., Name, Bldg./Apt)	City, State, Zip		Phone:			
Briefly describe the circumstances of this incident: P(i) REPAILS HE WAS OW A VEDEO CHAT WITH HES						
SOW AND P(2) WALKS TO THE ROOM PUTHED THE	s control out	of The	WAY AND			
DUDGE THE VIDEO CHAT. P(1) THEN TEXTED P(2)'S	MOTHER AND	P(1) &	OT A TEXT			
BACK SASSIVES " YOU URSET SOUR SOUN WITH YOUR						
NEEDS REPUT TO DOCUMENT THEOLOGY. THOSE IS A FAMILY COUNT STAY AWAY						
ORDER TO EFFECT DOUBLE OF 0-07623-18 BY JUDGE GOGIAS EXPERSES 5-18-19 WHICH WASN'T VHOUTED, P(1) NEEDS REPORT FOR DOCUMENTATION PURPORT						
	TO GET HIS LAWYER A COPY PISTOL LIKENS CHECK WAS DONE ON BOTH					
PROJET AND RETURNED NEGRITUE						
		232				
DIR Repository checked? ★ Yes □ No Order of Protection Registry checked? ★ Yes □ No O	rder of Protection in effect?		☐ Refrain Stay Away			
Evidence Present? Photos taken: U Victim Injury U Suspect Injury Other Evidence: Damaged		Destruction of P				
☐ Yes No ☐ Other: ☐ Electronic Evidence ☐ Other		If yes, Describe:				
Offense Committed? Was suspect arrested? ☐ Yes No Offense 1 ☐ Yes No If no, explain:	Law (e.g. PL) Offer	nse 2	Law (e.g. PL)			

Agency: Case 2:19-cv-02858-JMA-SIGRI; Document 1-:	1 Filed Unit 19 Fage 3 0	60 7
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):		
If the Western course (head) to any suppliers in this box of the the NVC	Day and Carried Violence Hetling of	4 200.042-6006 or
If the Victim answers "yes" to any questions in this box refer to the NYS Local Domestic Violence Service Provider: ()	Domestic and Sexual Violence notifile at	
Has Suspect ever:	Is suspect capable of killing you or children?	☐ Yes 💆 No
Threatened to kill you or your children? Yes No	Is suspect violently and constantly jealous of	,
Strangled or "choked" you?	Has the physical violence increased in freque	ency or severity over the past 6 months?
		1100 % 1100
s there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatmer fixes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522,	ent or endangerment? ∐ Yes Mk No	
	Was Victim Rights Notice given to the Victim	No if NO Mbu
Vas DIR given to the Victim at the scene?	was victim Rights Notice given to the victim	Y Yar Yes 🖂 No II NO, Why:
Signatures:		
Reporting Officer (Print and Sign include Rankand ID#)	Supervisor (Print and Sign include Rank and ID#)	
Chon Masen FO B35/60/4	Strecher Sons	5/ 0-14
OTATEMENT OF ALLEGATION		
	NS/SUPPORTING DEPOSITION	
fofficers are encouraged to assist the Victim in completing this section of the form.		
Suspect Name (Last, First, M.I) PERSU , JESSTCA -		
MICHAEL PERTO (Victim/	Deponent Name) state that on	7 / 16 / 2018 , (Date)
at 32 WALLIAN ST. (Location		
STATFULL of the State of New York, the following die		
WITH MY SON WHICH I'M AUTHORIZED T		
CUSTODY OF MEINEY AND JESTICA WAY	KGD IN THE ROOM	, PUTTED METHEY
end of the way and budge my		//
THEN TEXTED JUSTICES MOTHER AND		aughter Euded
MY VEDGO CHAT AND I GOT A REPL	_	JUN WITH YML
ACTING TIS OVER I NOGO TO	DICUMENT THES THO	DOUT AND HAVE
A ROPY FOR MY LAWYER. I WAN		THAT I CLEMLY
FID NOT UPSET MY SON, WE WERE !	INTING A GOOD TIME -	TILL JENSILA
EUDED OUR VIDEO CHAT.		
	·	
	1952. 1942.	
		2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		(Use additional page as need
F-104-1	NAI-danage variable and the second of the se	
False Statements made herein are punishable as a Class A		tion 210.45 of the Penai Lav
Victim/Dep@nent Skinature	9-16-18 Date	Note: Page
7 / W 000 POB35/60/4	9-15-18	Whether or not this form
Witness or Officer Signature	Date	is signed, this DIR Form will be filed with Law Of
Interpretor Constitue and Interpretor Conde Provide Nove		Enforcement.
Interpreter Signature and Interpreter Service Provider Name Interpreter Requested □ Yes ☑ No Interpreter Used □ Yes □ No	Date	
POLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEX	UAL VIOLENCE HOTLINE 1-800-942-6906 322	1- 03/2016 DCJS Copyright © 2016 by NYS DC

	Agency, Case 2:19-cv-02858-JMA-SIL DOMES NOT THE PROPERTY OF T	Page 4 o	193 Page 104 : 16 18-3966 93			
Hoon	Reported Date (MMDD07227) Time (24 hours) Occurred Date (MMDD0777) Time (24 hours) Officer Initia	ted Radio Run 🗆 Wal	k-in Complaint#			
W.	Address (Street No., Street Name, Bldg. No., Apt No.)	City State Zip JEFF	STATION, NY 1/7/6			
	Name (Last, Eirst, M.I.) (Include Aliases) PERSC, NIT CHAFL	DOB (MMDD/YYY) Age: 34	☐ Female ☐ Male ☐ Self-Identified:			
(3)	Address (Street No. Street Name, Bldg. No., Apt No.)	Victim Phone Number:	Language:			
MIN	City, State, Zip	5/6 ~ 5/2 ~ 9/77 Ø-White □ Black □ Asian	☐ Hispanic ☐ Hon Hispanic ☐ Unknown			
	How can we safely contact you? (i.e. Name, Phone, Email)	☐ American Indian ☐ Other	☐ Other Identifier:			
	Name (Last, First, M.I.) (Include Aliases) PER SO	DOB (MM/DD/YYY) Age: 33	☐ Female ☐ Male ☐ Self-Identified:			
	Address (Street No., Street Name, Bldg. No., Apt No.)	Suspect Phone Number:	Language:			
		White ☐ Black ☐ Asian ☐ American Indian ☐ Other	☐ Hispanic ☐ Non Hispanic ☐ Unknown			
od sine	City, State, Zip JEFFERSON, NY 1/77 Do suspect and victim live Suspect/P2 present? Was suspect injured? □ Yes 1€No If yes describe:		uspect-supervised? Probation Parole			
	together? ☐ Yes No ☐ Yes No		Not Supervised Status Unknown Do the suspect and victim have a			
	Suspect (P2) Relationship to Victim (P1) ☐ Married ☐ Intimate Partner/Dating ☐ Formerly Married ☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative:	LI Former Intimate Partner CKTLO IN COMM	child in common? Yes \(\square\) No			
	Emotional condition of VICTIM? Upset Nervous Crying Angry Other: CALA	1				
100	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incide	ent?				
TO THE		7	The state of the s			
	Did suspect make victim fearful? ☐ Yes A lescribe:					
NAME OF	Weapon Used? ☐ Yes Ano Gun: ☐ Yes No Other, describe:		reats? ☐ Yes PNo If Yes, Threats to: Child(ren) ☐ Pet ☐ Commit Suicide			
	Access to Guns? Yes No If yes, describe:	☐ Other De	escribe:			
	In Bain 2 II Von El Ma If you describer	s/Petechia 🗹 Sore Throat 🗆	f Consciousness 🏻 Urination/Defecation Breathing Changed 🗘 Difficulty Swallowing			
	What did the SUSPECT say (Before and After Arrest):	rks? ☐ Yes ☐ No If yes, des	cribe:			
Dec						
SII.	710.30 completed? ☐ Yes INo					
8.0	Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No., Name, Bldg./April PERSO, MICHAFE VO/21/14 (KATE CF	City, State, Zip	Phone:			
Sau1	Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness (2) Address (Street No., Name, Bldg./Apr		Phone:			
M	01 05/1075 1/55	TOTRED -11	a as DERCO			
			RMINGUILLE			
	TO PICK UP HIS SON MICHAE	C PERSO 101	relie AS PER			
	THEIR CUSTODY AGREEMENS THIS		IRT AND PZ			
ative	DID NOT SHOW CIPINITH THEIR		VE AND			
Wall	HUEIR HOMES CHECKED FOR PIST	e e s c c s	VIINEU			
ldent						
all lies						
		5.2.2	1801 X (7) (1) (1)			
	DIR Repository checked? De Yes □ No Order of Protection Registry checked? De Yes □ No	Order of Protection in effect?	Yes Refrain Stay Away			
BU	Evidence Present? Photos taken: Victim Injury Suspect Injury Other Evidence Damaged	i	ruction of Property? Yes No			
i i	☐ Yes Mo ☐ Other: ☐ Electronic Evidence ☐ Otherse Committed? ☐ Was suspect arrested? ☐ Yes ☑ No ☐ Offense 1	Ter: If yes Law (e.g. PL) Offense 2	s, Describe:			
Offens	☐ Yes ☐ No If no, explain:	Chellse 7	Law (e.g. PL)			
	LICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL VIOLENCE H	OTLINE 1-800-942-6906 32	21-03/2016 DCJS Copyright © 2016 by NYS DCJS			

Agency: Sase 2: 19-cv-02858-JMA-SILDRI: Dogument 1-	1 Filed Ob/Gd4(19 Page 5-of-93 Page 10 #: 17
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):	CUSTODY DISPATES
	0.0/00
If the Victim answers "yes" to any questions in this box refer to the NYS Local Domestic Violence Service Provider: ()	Domestic and Sexual Violence Hotline at 1-800-942-6906 or
Has Suspect ever:	Is suspect capable of killing you or children?
Threatened to kill you or your children? ☐ Yes ① No	Is suspect violently and constantly jealous of you?
Strangled or "choked" you?	Has the physical violence increased in frequency or severity over the past 6 months?
Beaten you while you were pregnant? ☐ Yes ☑ No	☐ Yes 🗗 No
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatm	ient or endangerment? ☐ Yes ØNo
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.	·
Was DIR given to the Victim at the scene? ☐ Yes ☑ No if NO, Why:	Was Victim Rights Notice given to the Victim? ☐ Yes No if NO, Why:
NIA	\mathcal{N}/\mathcal{A}
Signatures:	ng & FPD
Reporting Officer (Print and Sign include Rank and ID#)	Supervisor (Print and Sign Include Bank and Joseph
Ela 1966 1 16 14 4/6/012	Moren 17 Pull 3/1/2/010/2
	NS/SUPPORTING DEPOSITION
* Officers are encouraged to assist the Victim in completing this section of the form.	
Suspect Name (Last, First, M.I) PERSO, SESSICA 6/12/	85
	/Deponent Name) state that on/_/// [Date]
LATE CONTRAL DO	
	of incident) in the County/City/Fewn/Village FARMING VIC
of the State of New York, the following di	d occur: MY FATHER, THOMAS
PERSO 6/9/30 WENT TO 82	CH UP MY SON MICHAEL
PERSO 10/21/14 AS PER OUR C	OURT GEREEMENT AND DID NOT SHOW UP. JESSIC.
JESSICA PERSO 6/12/85 D	ID NOT SHOW UP.)FSSICI
SAID TO MA FATHER TH	YAT SHEWAS NOT
COMINO.	
	·
·	. 9
	- '
	(Use additional page as needed
False Statements made herein are punishable as a Class A	Misdemeanor, pursuant to section 210.45 of the Penal Law.
Victim/Deponer Signature	Date Note: Page
GANGE 106344/6192	7/10/18 Whether or not this form 2
Witness or Officer Signature	Dale is signed, this DIR Form will be filed with Law Of
Interpreter Signature and Interpreter Service Provider Name	Enforcement.
Interpreter Requested ☐ Yes ☐ No Interpreter Used ☐ Yes ☐ No POLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXU	Date
NYS DOMESTIC AND SEXU	JAL VIOLENCE HOTLINE 1-800-942-6906 3221- 03/2016 DCJS Copyright @ 2016 by NYS DCJS

Case 2:39 CV-02858-JMA 61 DOMESTIC WEIGHT BERD	4/19 Rage 6 of 8	0 70 0 70				
Reported Date (MMoDAY) Time (24 hours) Occurred Date (MMoDAY) Time (24 hours) Officer Initia O6 21 18 155 O6 21 18 1/00 □ ICAD (NYC)		Complaint # 6 1 2				
Address (Street No., Street Name, Bidg. No., ANNO.) DUNKIN DONUTS 1175 BATION RO	City, State, Zip MINGVIL	LE NY-				
Name (Last, First, M.I.) (Include Aliases) PERSO, MICHAEL	DOB (MANDDAYYY) Age: 🔲	Female Male Self-Identified:				
Address (Street No., Street Name, Bldg. No., Apt No.)		iguage: 				
City, State, Zip PT JEFF. STATION NY 11 TOX		Hispanic Ston Hispanic □Unknown				
How can we safely contact you?	☐ American Indian ☐ Other ☐	Other Identifier:				
Name (Last, Free, M.I.) (Include Aliases) TESSICA, Address A.	106 12 85 33 16	Female □ Male Self-identified:				
Address (Street No., Street Name, Bldg. No., Apt No.)	Suspect Phone Number: Lag	eguage:				
City, State, Zip BRT JEFFERSON NY	White □ Black □ Asian □ I	Hispanic ⊯ Non Hispanic □Unknown				
Do suspect and victim live Suspect/P2 present? Was suspect injured? Yes No if yes describe:	☐ American Indian ☐ Other ☐ ☐ Possible drug or alcohol Suspe	Other Identifier: ect supervised? Probation Parole				
together? ☐ Yes ▼ No ☐ Yes □ No	use? □ Yes 🕏 No	ot Supervised Status Unknown				
Suspect (P2) Relationship to Victim (P1) ☐ Married ☐ Intimate Partner/Dating Formerly Married ☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative: ☐ Other:	A Former Intimate Partner	Do the suspect and victim have a child in common? ≱ Yes □ No				
Emotional condition of VICTIM? □ Upset □ Nervous □ Crying □ Angry翘 Other: にみしM						
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incide	ent?					
MY EX DENSED VISITATION"						
Did suspect make victim fearful? □ Yes 🎢 No If yes, describe:						
Weapon Used? ☐ Yes 🗡 No Gun: ☐ Yes ☐ No Other, describe:		? 🗆 Yes No If Yes, Threats to:				
Access to Guns? ☐ Yes 🎢 No If yes, describe:	☐ Victim ☐ Chil	ld(ren) □ Pet □ Commit Suicide e:				
E Dad ava	on? ☐ Yes No ☐ Loss of Cons/Petechia ☐ Sore Throat ☐ Rreat	sciousness Urination/Defecation thing Changed Difficulty Swallowing				
In Pain? Yes No If yes, describe: Red eyes/Petechia Sore Throat Breathing Changed Difficulty Swallowing Visible Marks? Yes No If yes, describe:						
What did the SUSPECT say (Before and After Arrest): WIT AT SCENE						
710.30 completed? ☐ Yes 🗡 No						
Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No., Name, Bldg./Apt) City, State, Zip						
Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness(2) Address (Street No., Name, Bldg./Apt) City, State, Zip Phone:						
PERSO, MICHAEL, JR. 10/21/14 / KATE CT PN-						
Briefly describe the circumstances of this incident: COMPC, REJORES TO	MS DAY, HELS	FATTER VV				
ORDEREN VISITATIONI CONPL REPORT	S THE CHILD	CMOTHER P2				
DID NOT SHOW UP TO I/C. WITH TH	5 CHILD A	S DROEREN				
BY FAMILY COURT TUDGE DO MORK	RIS ON 5/22/1	F DOCKET #				
D-7623-18. V/S SPOKE TO WI ON THE YHOU		DHE WAR AT				
TK AND WATTER APPLOX 20 MINS, AND 12	DID NOT AR	KVE _				
1.1. IN EFFECT. NOT YIOUATED.	TM 710N.					
NEG. PISTOL LICENSE.						
	and an af Double 11 and a second as a second					
DIR Repository checked? Yes D No Order of Protection Registry checked? Yes D No O Evidence Present? Photos taken: D Victim Injury D Suspect Injury Other Evidence: D Damaged		□ No □ Refrain Stay Away on of Property? □ Yes □ No				
Evidence Present? Photos taken: Uvictim Injury Suspect Injury Other Evidence: Damaged Uves No Other: Evidence Other		• •				
Offense Committed? Was suspect arrested? ☐ Yes ☑ No Offense 1 ☐ Yes ☑ No If no, explain:	Law (e.g. PL) Offense 2	Law (e.g. PL)				
I result No life of the set						
DLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL VIOLENCE HO	TLINE 1-800-942-6906 3221-03/	2016 DCJS Copyright © 2016 by NYS DCJS				

Agency: Case 2:19-cv-02858-JMA-SIQRI: Document 1-1	Filed O5/664129 Page 7 of 93 Page 10	#: 19 54840
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First);	1	
NUMEROUS VISITATION	VIAI A 7 12 4/ C	
NUMEROUS VISITATION D. C. IN EFFECT	7 · · · · · · · · · · · · · · · · · · ·	
U. 1 12 01.001		
If the Victim answers "yes" to any questions in this box refer to the NYS D Local Domestic Violence Service Provider: ()	Domestic and Sexual Violence Hotline at 1-800-942-6906	or
Has Suspect ever:	Is suspect capable of killing you or children?	□ Yes No
Threatened to kill you or your children? 🛘 Yes 🎾 No	Is suspect violently and constantly jealous of you?	□ Yes ⁄ No
Strangled or "choked" you?	Has the physical violence increased in frequency or severity over	· · · · · · · · · · · · · · · · · · ·
Beaten you while you were pregnant? Yes Yes		☐ Yes No
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatmer If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.	nt or endangerment? ☐ Yes > No	
Was DIR given to the Victim at the scene? Yes \(\text{No. if NO, Why:} \)	Was Viotim Dights Nation short to the Vietims	NO Whiii
Tes LI NO ITNU, Why:	Was Victim Rights Notice given to the Victim? ☐ No if	te⊙, vvny:
Signatures:		
Reporting Officer (Print and Sign Include Rank and IDA)	Supervisor (Print and Sign Include Rank and ID#)	
7) MY TONU 1/2/1/40 /2/1	Edw 1 551. 1343/6/3/2	Ryb,
STATEMENT OF ALLEGATION	· · · · · · · · · · · · · · · · · · ·	,
* Officers are encouraged to assist the Victim in completing this section of the form.		
Suspect Name (Last, First, M.I) PELSO, JESSI	CA.,A	
(Victim/E	Deponent Name) state that on//	, (Date)
at (Location of	of incident) in the County/City/Town/Village	-
of the State of New York, the following did		
NONE	-10-20-20-20-20-20-20-20-20-20-20-20-20-20	
		e e e e e e e e e e e e e e e e e e e
	(Use add	litional page as needed
False Statements made herein are punishable as a Class A		. •
Victim Deponent Signature D	pate , Note:	Page
PWALL 6 4338 (60 ps 1	Whether or not t	
Witness or Officer Signature	is signed, this D	IR Form
Interpreter Signature and Interprete Carity Builds N	will be filed with Enforcement.	
Interpreter Requested Li Yes 10 No Interpreter Used Li Yes 12 No	Date	
	L VIOLENCE HOTLINE 1-800-942-6906 3221- 03/2016 DCJS Copyri	ght © 2016 by NYS DCJS

	Sace 2:19-cv-02858-JMA-AII DOMESTIC INCIDE	State NEREPORE					20
nclden		ICAD (NYC)	Radio Run			complaint # 18-27 9	7242
	Address (Street No., Street Name, Bldg. No., Apt No.)	City	y, State, Zip	Fers.	on 1	UY.	1777
	Name (Last, First, M.I.) (Include Aliases) Pers O Jess I Ca	Ďď	ОВ (милоотт)	Age:	(Female Self-Ider		
H (P)	Address (Street No., Street Name, Bldg. No., Apt No.)	<u> </u>	161/2185	32	anguage:		<u> </u>
TI TO	City, State, Zip	····	<u> </u>	4		nglish	•
•	City, State, Zip POTT TESS. NY. 11777		White □ Black □ American Indian □] Hispanio	Mon Hisp	anic DUnknown
		Į.			Other Id	-	
	Name (Last, First, M.L.) (Include Aliases) Perso, Muchael Address (Street No., Street Name, Bidg. No., Apt No.)	03	3 126 184	34 1	☐ Female ☐ Self-Ider		
	l 		spect Phone Numbe		anguage:	lish	
t (P.	37. William St.		White ☐ Black ☐				oanic □Unknown
spec	10-4-Jeff Sta NY 11777	<u> </u>	American Indian				
Su	Do suspect and victim live Suspect/P2 present? Was suspect injured? ☐ Yes No If together? ☐ Yes No If Yes	1.0	ossible drug or alcoho	·			obation Parole
	Suspect (P2) Relationship to Victim (P1) Married □ Intimate Partner/Dating □ Form		e? 🗆 Yes 🍱 No	1		uspect and vi	atus Unknown
	☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative:	Other:			1		Yes ☐ No
	Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry 【 Other:	aravate d	}		and the second of \$155 and \$165 and \$155 and \$1		
Men	What were the first words that VICTIM said to the Responding Officers at the scene regar						
rvie	I know you can't help he But		en men sammen en men en sammen	was and the same			
Inte	•						
CUIT	Did suspect make victim fearful? Yes M No If yes, describe:						
N.	Weapon Used? ☐ Yes M No Gun: ☐ Yes ☐ No Other, describe:		1 '				es, Threats to:
	Access to Guns? ☐ Yes 🄼 No If yes, describe:		□ o	ther Desci	ribe:		
	Injured? ☐ Yes Mo No If yes, describe:	Strangulation?	☐ Yes ᠖ No ☐ techia ☐ Sore Thro	Loss of Co	onsciousne eathing Ch	ess 🗌 Urinat anged 🗍 Di	tion/Defecation
	In Pain? ☐ Yes W No If yes, describe:		☐ Yes 🜠 Nolfye				mounty owenouning
ect	What did the SUSPECT say (Before and After Arrest):						
dsh							
	710.30 completed? Yes No	1					
sass	Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No., N	Name, Bldg./Apt) Ci	ity, State, Zip			Ph	ione:
Witne	Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness(2) Address (Street No., N	Name, Bldg./Apt) C	City, State, Zip			Ph	ione:
	Briefly describe the circumstances of this incident: P1 States P2	has hea	en texti	ns	Since	e Fri	dau
	night accuser her of doing thing	s that	are u)/			J
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Iking Pa		PI	has	S	
	printed up all conversations an	d reque	ested po	lice	- Re	spon	<u>d</u>
arrative	for downertation purposes +	br cou	4. "				
8	NEG RECULTS FOR PISTOL LICENSE CHOC	K P.O 6384					
D D							Part Angel
		·	· · · · · · · · · · · · · · · · · · ·	1937	<u> 2002-20</u>		
		<u> </u>					
	DIR Repository checked?	as I No Order	of Protection in offer	-t2 □ V	e M Na	☐ Refrain	□ Stov Away
	Evidence Present? Photos taken: Uvictim Injury Suspect Injury Other Evidence:			T	tion of Pro		☐ Stay Away ☐ Yes ☑ No
ă	Yes No Other:		,	If yes, Do		-possy: L	- 100 BQ 180
use	Offense Committed? Was suspect arrested? ☐ Yes ☐ No Offense 1		(e.g. PL)	fense 2		N.	Law (e.g. PL)
Offe	☐ Yes Mo If no, explain:						
POL	ICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL	. VIOLENCE HOTLINE	E 1-800-942-6906	3221-0	3/2016 DCJ	S Conveight ©	2016 by NYS DCJS

Agency: Case 2.19-CV-U2050-JIVIA-5 GRI: DUCUMENT 1-1	Thed official #9 Page 9 01	18-279242
Describe Victim's prior domestic incidents with this suspect (Last Worst, First):		110-11616
No. of the control of	Jumerous prior	
Domestic Reports		
		MMP 11 1 100 1 6 4 1 6 4 1 14 14 14 14 14 14 14 14 14 14 14 14
	NY MININE MARKET RESIDENCE AND AND AND ADDRESS OF THE ADDRESS OF T	
If the Victim answers "yes" to any questions in this box refer to the NYS Local Domestic Violence Service Provider: ()		
Has Suspect ever:	Is suspect capable of killing you or children?	☐ Yes 🗓 No
Threatened to kill you or your children? 🗌 Yes ٌ No	is suspect violently and constantly jealous of yo	•
Strangled or "choked" you?	Has the physical violence increased in frequen	
Beaten you while you were pregnant? ☐ Yes 🙀 No		☐ Yes ☐ No
s there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatme	nt or endangerment? ☐ Yes 🐰 No	
f Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.		Area
Was DIR given to the Victim at the scene? ₩ Yes □ No if NO, Why:	Was Victim Rights Notice given to the Victim?	Yes ☐ No if NO, Why:
Signatures:		
Reporting Officer (Print and Sign Include Rank and ID#)	Supervisor (Print and Sign include Rank and ID#)	1 ATTIAN
Walker /2 86389/610/5	Darlincent Likestabi	WEID AT OUT TOWN
STATEMENT OF ALLEGATION	' IS/SUPPORTING DEPOSITION	
Officers are encouraged to assist the Victim in completing this section of the form.		
Suspect Name (Last, First, M.1) Perso, Michael		
	Danagant Nama) state that an MC	- / / / / 8 , (Date)
	Deponent Name) state that on <u>05</u>	
at 1 Kare c+ (Location	of incident) in the County/City/Tow	<u>n/</u> Village
Brookhaven of the State of New York, the following did	loccur: I am aware	YOU
can't do anything for me at the	is moment but th	ie '
D.A. office told me to make a r	eport for court pu	irposes.
D.A. office told me to make a r He is out of control with his	messages	-
	·	
		(Use additional page as neede
False Statements made herein are punishable as a Class A	Misdemeanor, pursuant to secti	on 210.45 of the Penal Law
/ictim/Deponent Signature	Date	Note: Page
90 6389 610/S	5/14/18	Whether or not this form
7/1/10/19	Date Date	is signed, this DIR Form
		will be filed with Law Enforcement.
Interpreter Signature and Interpreter Service Provider Name	Date	
nterpreter Requested ☐ Yes ☐ No Interpreter Used ☐ Yes ☐ No POLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXU	AL VIOLENCE HOTLINE 1-800-942-6906 3221-	03/2016 DCJS Copyright © 2016 by NYS DCJS

	CINCIDE IN 18 18 18 18 18 18 18 18 18 18 18 18 18
Reported Eate (MM/DD/77/7) Time (24 hours) Occurred Date (MM/DD/77/7) Time (25 hours) Occurred Date (MM/DD/77/7) Time (26 hours) Occurred Date (MM/DD/77/7) Time (27 hours) Occurred Date (MM/DD/77/7) Time (28 hours) Occurred Date (MM/DD/77/7) Time (29 hours) Occurred Date (MM/DD/77/7) Oc	24 hours) Officer Initiated Radio Run Walk-in Complaint #
Address (street No., Street Name, Bldg. No., Apt No.)	City, State, Zip Ford Jefferson Station NY 11.776
Name (Last, First, M.I.) (Include Aljases)	DOB (MARDORMY) Age:
Address (Street No., Street Name, Bldg, No., Apt No.)	Victim Phone Number: Language:
City, State, Zip TOTA JEFferson, Station	White □ Black □ Asian □ Hispanic □ Hispanic □ Unknown
INT DEFECTION STATION	☐ American Indian ☐ Other ☐ Other Identifier:
Name (Last, First, M.I.) (Include Aliases)	DOB MINDDAYY) Age: Female Male
Address (Street No., Street Name, Bldg. No., Apt No.)	Suspect Phone Number: Language:
City, State, Zip	## ENG White □ Black □ Asian □ Hispanic ■ Non Hispanic □ Unknown
Port reflected NY 1771	☐ American Indian ☐ Other ☐ Other Identifier:
Do suspect and victim live Suspect/P2 present? Was suspect injured? Yes together? Yes No Yes No	Yes ☐ No If yes describe: Possible drug or alcohol use? ☐ Yes ☐ No ☐ Not Supervised ☐ Status Unknown
Suspect (P2) Relationship to Victim (P1) ☐ Married ☐ Intimate Partner/D:	Dating ☐ Formerly Married ☐ Former Intimate Partner ☐ Do the suspect and victim have a
☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative:	☐ Other: child in common? ☐ Yes ☐ No
Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry	
What were the first words that VICTIM said to the Responding Officers at the	
She denied me visitation	
Did suspect make victim fearful? ☐ Yes No If yes, describe:	
Weapon Used? ☐ Yes No Gun: ☐ Yes No Other, describe:	Suspect Threats? ☐ Yes ☐ If Yes, Threats to: ☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Sulcide
Access to Guns? Yes No If yes, describe:	☐ Other Describe:
Injured? ☐ Yes ☐ No If yes, describe:	Strangulation? ☐ Yes
In Pain? ☐ Yes ☐ No If yes, describe: What did the SUSPECT say (Before and After Arrest):	Visible Marks? Yes No If yes, describe:
Not present	
710.30 completed? ☐ Yes No	
See Citial This Cop (1) Italia (Eddi, 1 and Mail) DOD.	ess (Street No., Name, Bldg./Apt) City, State, Zip Phone:
Perso, Michael um Katat de Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness (2) Address	ess (Street No., Name, Bldg./Apt) City, State, Zip Phone:
Briefly describe the circumstances of this incident:	iz denied him Visitation exchange
today and did not went ?'s dad	d to come to the school to pack
today and did not went ?'s dad	12 denied him Visitation exchange d to come to the school to pack omen tation for his records.
today and did not went ?'s dad	d to come to the school to pack
today and did not went ?'s dad	d to come to the school to pack
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today and did not went ?!'s dad Ci up, i, requests police docc	d to come to the school to pack
today and did not went ?!'s dad C Up, i', requests police docc A Pistul Check- Negative Negative orders of protection	d to come to the school to pack
today and did not went ? is day C up, i, requests police docc A Postal Check- Negative Negative orders of protection Registry of Evidence Present? Photos taken: Victim Injury Suspect Mjury Other	d to come to the School to pack sman fation for his records. Shecked? Pyes No Order of Protection in effect? Yes No Refrain Stay Away ther Evidence: Damaged Prepenty Videos Destruction of Property? Yes No
today and did not went ? is day C up, i, requests police docc A Postal Check- Negative Negative orders of protection Registry of Evidence Present? Photos taken: Victim Injury Suspect Mjury Other	the cked? I Yes No Order of Protection in effect? Yes No Refrain Stay Away Ther Evidence: Damaged Property Videos Electronic Evidence Other: If yes, Describe:
Today and did not went Pis day Co Jp. 1. requests police docc A Pistal Check- Negative Negative orders of protection Registry of DIR Repository checked? The Indian Injury I Suspect Injury Off Evidence Present? Photos taken: I Victim Injury I Suspect Injury Off Other:	d to come to the School to pack sman fation for his records. Shecked? Pyes No Order of Protection in effect? Yes PNo Refrain Stay Away ther Evidence: Damaged Prepenty Videos Destruction of Property? Yes PNo Electronic Evidence Other: If yes, Describe:

Agency: SCASS 2.13 CV 02030 31VI	В	05101	T HOU O	Incident# 18-7.70706	Complaint #	10
Describe Victim's prior domestic incidents with						
Visitation ex	nh	inap				
V (3.13.1, 3.1.4)			***************************************			
If the Victim answers "yes" to any question Local Domestic Violence Service Provider:		his box refer to the NYS Do	mestic and	d Sexual Violence Hotline at	1-800-942-6906	or
Has Suspect ever:			,	apable of killing you or children?		☐ Yes No
Threatened to kill you or your children? Yes Strangled or "choked" you?	_			iolently and constantly jealous of		☐ Yes ✓☐ No
Strangled or "choked" you?			Has the phy	sical violence increased in freque	ency or severity over	the past 6 months?
Is there reasonable cause to suspect a child may be the			or endangeri	ment? 🗆 Yes 🗖 No		
If Yes, the Officer must contact the NYS Child Abuse Ho						
Was DIR given to the Victim at the scene? ✓ Yes □	No if N	NO, Why:	Was Victim	Rights Notice given to the Victim?	Yes □ No if i	NO, Why:
Signatures:						
Reporting Officer (Print and Sign include Rank and 10#) Malt Comi Po 6575/610/1 W	In A	~10 65 75 kin /1	Supervisor ((Print and Sign include Rank and ID#) Non Mey Sot	1224/66/4	Corre
	7.	NT OF ALLEGATIONS	SUPPO	RTING DEPOSITION		7.
* Officers are encouraged to assist the Victim in comple			_			
Suspect Name (Last, First, M.I) Per So, Jessi, Co.						accommongeneous years account
		A B and a	2000 - 1 1 1	Jama) atata that are a	~ / > - / -	S) C /D /)
1 Perso, Michael at 32 William 34	···			Name) state that on <u>65</u>		<u>or x</u> , (Date)
		•) in the County/City/Tow	. ~	
Jeff Station of the State of N						
that I can't pick up my		\ \ \ \ _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-			ild
me my visitation today.	*********	<u> </u>		conentation for my		
Michael Perso DOB 3/26/8	4	advised to leave ,	n mail	box because he	atis going	
to the gym, U/s left report		mull box.				
	<u> </u>					\ 1 AA _ /
						-WV
				A \$ 100 P		
						ditional page as needed
False Statements made herein are p			_/ /	•	ion 210.45 of	the Penal Law.
Not home and advised to drop in Victim/Depopent Signature	mail	l box Da	5/cs/c	8	Note:	Page
Victim/Deponent Signature		Dε	5/10/1	8	Whether or not	
Witness or Officer Signature		Da	te	•	is signed, this D will be filed with	OIR Form Of
Interpreter Signature and Interpreter Service Provider N Interpreter Requested ☐ Yes		s PNo Da	ate		Enforcement.	2
POLICE COPY (Please make a copy for DA's office if appropriate to the copy for DA's office if appropriate to th		NYS DOMESTIC AND SEXUAL	VIOLENCE H	OTLINE 1-800-942-6906 3221-	- 03/2016 DCJS Copyri	ight © 2016 by NYS DCJS

Agend. Agenda All Davids and Agenda All Davids and Agenda	031012 02 18-269793
Reported Date (MMDDAYYY) Time (24 hours) Occurred Date (MMDDAYYY) Time (24 hours) Officer Initiate O5 09 20 8 2014 ICAD (NYC)	601
Address (Street No., Street Name, Bidg. No., Apt No.) 3.2. William St	City State, Zip City State, Zip Age: Female Male
Name (tast, First, M.I.) (Include Aliases)	DOD (MANDENTITY) Age. L. Fernale L. Maio
Address (Street No., Street Name, Bldg. No., Apt No.)	OD 76 1984 34 □ Self-Identified: Victim Phone Number: Language: —
32 william St	516-512-9177 EN7
City, State, Zip Prof Jeff Station NY, 11776	White □ Black □ Asian □ Hispanic □Non Hispanic □Unknown □ American Indian □ Other □ Other
	□ Other Identifier: □ DOB MMDDYYYY) Age: □ Female □ Male
Name (Last, First, M.I.) (Include Aliases)	05 12 1985 33 Self-Identified:
Address (Street No., Street Name, Bldg. No., Apt No.)	Language:
City State Zip	White □ Black □ Asian □ Hispanic □ Non Hispanic □ Unknown □ American Indian □ Other □ Other Identifier:
Port Teffex: N7 11777 Do suspect and victim live Suspect/P2 present? Was suspect injured? Yes No If yes describe:	
together? ☐ Yes ☐ No ☐ Yes ☐ No	use? ☐ Yes ☐ Not Supervised ☐ Status Unknown
Suspect (P2) Relationship to Victim (P1) Married Intimate Partner/Dating I Formerly Married Parent of Victim (P1) Child of Victim Relative:	
□ Parent of Victim (P1) □ Child of Victim □ Relative: □ □ Other: □ Other: □ Other: □ Descriptional condition of VICTIM? □ Upset □ Nervous □ Crying □ Angry □ Other:	child in common? ☐ Yes ☐ No
	ont?
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incide She went to court today c'	NIII
Did suspect make victim fearful? ☐ Yes ☐ No If yes, describe:	
Weapon Used? ☐ Yes ☑ No Gun: ☐ Yes ☑ No Other, describe:	Suspect Threats? ☐ Yes ☐ No If Yes, Threats to: ☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide
Access to Guns? ☐ Yes ☐ No If yes, describe:	☐ Other Describe:
Red eye	ion? □ Yes ┛ No □ Loss of Consciousness □ Urination/Defecation s/Petechia □ Sore Throat □ Breathing Changed □ Difficulty Swallowing
In Pain? ☐ Yes ☐ No If yes, describe: Visible Ma	rks? 🛘 Yes 🗖 No If yes, describe:
What did the SUSPECT say (Before and After Arrest):	
740 30 completed 2 \(\text{Vec} \) \(\text{Vec} \)	
710.30 completed? Yes No Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No., Name, Bldg./Apt	City, State, Zip Phone:
Perso, Michael 10/21/14 1 Kafe Ct	RotJeffeson NY, 11777 -
Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness(2) Address (Street No., Name, Bldg./Apt	City, State, Zip Phone:
Briefly describe the circumstances of this incident: F, results that he worts	police decementation
Hat his facy Toshan Nauson was presen	of the noise last might
when B Ricked up their son, P is requesting	Police documptation
Ar his records. P. also stated that he wroted potice	doarntation that he was
Civil last night when Pz picked up theirson.	
* Pistal Cher K-negative	(5) X
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Bit repository checked? I res El no erest et respect y	Order of Protection in effect? Yes No Refrain Stay Away
Evidence Present? Photos taken: Uctim Injury Suspect Injury Other Evidence: Damaged Other No Other	d Property
280 1 1 1400 1 100 1 1 000 1 1 000	hor If yes Describe:
Offense Committed? Was suspect arrested? Yes No Offense 1	her: If yes, Describe: Law (e.g. PL) Offense 2 Law (e.g. PL)
(61)	

Agency: Case 2:19-cv-02858-JMA-SILORIDocument 1-1	Filed Obview19 Page 13 (of 93 Page 10 #: 25
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):	110 40161	1 001
10:1-0: 2.20		
· Visitetion exchanges	·	The second secon
FALL VI. A.		
If the Victim answers "yes" to any questions in this box refer to the NYS D Local Domestic Violence Service Provider: ()	omestic and Sexual Violence Hotline a	t 1-800-942-6906 or
Has Suspect ever:	is suspect capable of killing you or children?	☐ Yes ☐ No
Threatened to kill you or your children? ☐ Yes ☐ No	Is suspect violently and constantly jealous of	you? 🗆 Yes 🏳 No
Strangled or "choked" you?	Has the physical violence increased in frequency	
Beaten you while you were pregnant? ☐ Yes ☐ No		☐ Yes ☐ No
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment from the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.	t or endangerment? ☐ Yes ☐ No	
Was DIR given to the Victim at the scene? ☐ Yes ☐ No if NO , Why:	Was Victim Rights Notice given to the Victim	? ☐ Yes ☐ No if NO, Why:
Signatures:	I Comment of the Comm	
Reporting Officer (Print and Sign include Rank and ID#)	Supervisor (Print and Sign include Rank and ID#)	1 1 1 P
Robert King Robert Ky Polliss 610/1	I grah Carey S	st 1794/616/4 Carey
STATEMENT OF ALLEGATION	S/SUPPORTING DEPOSITION	, , , ,
* Officers are encouraged to assist the Victim in completing this section of the form.		
Suspect Name (Last, First, M.I) Parso, Arcker Jessier 6/12/85		
1 Perso, Michael 3/26/84 (Victim/E	Deponent Name) state that on 🛆	5 1 0 9 1 7 0 (8 , (Date)
, i ' '	`	· .
	of incident) in the County/City/Tov	ı
Teffers station of the State of New York, the following did	occur: I am reguestin	& Police
documentation for my reachs that my		
the house last night when Jessica Pe	so pelled up or so	n at my house.
I did let Jessica Persors dod in my hu	use and he took but s	so how with
Jess con without issue.		
	and the second s	
<u> </u>		(Use additional page as needed
False Statements made herein are punishable as a Class A N	Misdemeanor, pursuant to sect	ion 210.45 of the Penal Law.
Victim/Deponent Signature D	<u> </u>	Note: Page
Robert Hy AD Khas/Kin/	5/9/18	Whether or not this form
Witness or Officer Signature Di	ate	is signed this DIR Form
		will be filed with Law Enforcement. of
Interpreter Signature and Interpreter Service Provider Name Interpreter Requested □ Yes ☑ No Interpreter Used □ Yes ☑ No	Pate	
	L VIOLENCE HOTLINE 1-800-942-6906 3221-	- 03/2016 DCJS Copyright @ 2016 by NYS DCJS

Agerby: Case 2:19-cv-02858-JMA-SIL	OSTOL , 93 Page 14 of 93 Page
Reported Date (MADDOMYY) Time (24 hours) Occurred Date (MADDOMYY) Time (24 hours) Officer 5 8 25 5 24 00 I ICAD (n	
Address (Street No., Street Name, Bldg. No., Apt No.)	City State, Zip AP NY 11777
Name (Last, First, M.1.) (Include Aliases).	DOB (MM000777) Age: □ Female □ Male
Address (Street No., Street Name, Bldg. No., Apt No.)	Language:
City-State 7in	F. M57 White Black Asian Hispanic Mon Hispanic Unknown
1777 my 1/777	☐ American Indian ☐ Other ☐ Other Identifier:
Name (Last, First, M.I.) (Include Aliases)	DOB (MINDDYNYY) Age: Female Male
Perso, Michael Address (Street Name, Bldg. No., Apt No.)	Suspect Phone Number: Language:
3.2 William St.	S16-5/2-1/1 (£6V €/
City State, Zip Port JCARUSON Station, NY 11776	☐ American Indian ☐ Other ☐ Other Identifier:
Do suspect and victim live Suspect/P2 present? Was suspect injured? Yes No If yes description of the suspect injured? Yes No If yes description of the suspect injured?	ribe: Possible drug or alcohol Suspect supervised? ☐ Probation ☐ Parole use? ☐ Yes No ☐ Not Supervised ☐ Status Unknown
Suspect (P2) Relationship to Victim (P1) Married Intimate Partner/Dating Intim	
☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative: ☐ ☐ O	ther: child in common? Yes No
Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry ☐ Other: (A) ~	
What were the first words that VICTIM said to the Responding Officers at the scene regarding the	
"He was suppose to come back and he would ar	one my calls.
Did suspect make victim fearful? □ Yes ☑ No If yes, describe:	
Weapon Used? ☐ Yes ☐ No Gun: ☐ Yes ☐ No Other, describe:	Suspect Threats? Yes No If Yes, Threats to:
Access to Guns? ☐ Yes ☑ No If yes, describe:	☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide ☐ Other Describe:
	gulation? ☐ Yes ☐ No ☐ Loss of Consciousness ☐ Urination/Defecation d eyes/Petechia ☐ Sore Throat ☐ Breathing Changed ☐ Difficulty Swallowin
In Pain? ☐ Yes ☐ No If yes, describe: Visibl	e Marks? Yes No If yes, describe:
What did the SUSPECT say (Before and After Arrest):	
740.00	
710.30 completed? ☐ Yes No Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No., Name, Bld	g_/Apt) City, State, Zip_ Phone:
Parso, Michael 10/21/14 / Kate Ct	Port Jeffeson, NT 11777
Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness(2) Address (Street No., Name, Bld	g./Apt) City, State, Zip Phone:
Briefly describe the circumstances of this incident: Properts that B had	d Specified visitation today
	ack off at Pi's house afterwards.
	to pick up C, at P, 's residence
	residence for the night.
<u> </u>	<u> </u>
	# 100 10 10 10 10 10 10 10 10 10 10 10 10
X Pistol Check-negative	
DIR Repository checked? Yes \(\text{No} \) Order of Protection Registry checked? Yes \(\text{No} \)	lo Order of Protection in effect? ☐ Yes No ☐ Refrain ☐ Stay Away naged Property ☐ Wideos Destruction of Property? ☐ Yes ☐ No
Evidence Present? Photos taken: Uictim Injury Suspect Injury Other Evidence: Dan	If we Described
THE STATE OF THE S	Law (e.g. PL) Offense 2 Law (e.g. PL)
Offense Committed? Was suspect arrested? If Yes I No Offense 1 Yes I No If no, explain: V Sharror	

Agency: Case 2:19-cv-02858-JMA-SILORI Document 1-1	Filed Ubridge 15 C	of 93 (Pagey) #: 27			
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):					
Visitation exchange					
		4 000 040 0000			
If the Victim answers "yes" to any questions in this box refer to the NYS Described by Local Domestic Violence Service Provider: ()	Domestic and Sexual Violence Hotline at	1-800-942-6906 or			
Has Suspect ever:	Is suspect capable of killing you or children?	☐ Yes ☐ No			
Threatened to kill you or your children? Yes No	Is suspect violently and constantly jealous of	•			
Strangled or "choked" you? Beaten you while you were pregnant?	Has the physical violence increased in freque	ncy or severity over the past 6 months?			
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatmer if Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.	nt or endangerment? Yes No				
Was DIR given to the Victim at the scene? ✓ Yes ☐ No if NO, Why:	Was Victim Rights Notice given to the Victim?	D Yes □ No if NO Why			
Was blic given to the victim at the secret 2 100 12 100 11 10, why.		-			
Signatures:	Sot Bliff	1285/610/5			
Reporting Officer (Print and Sign include Rank and ID#)	Supervisor (Print and sign include Rank and 10#)	1285/610/5 + 1285/610/5			
Robert King Robert A Po 6685/616/1	Sat Bernot	+ 1285/610/5			
STATEMENT OF ALLEGATION	S/SUPPORTING DEPOSITION				
* Officers are encouraged to assist the Victim in completing this section of the form.					
Suspect Name (Last, First, M.I) Terso, Michael 3/26/84					
1 Perso, Jessica 6/12/85 (Victim/I	Deponent Name) state that on 💍	/ <u></u>			
at Kake Ct (Location	of incident) in the County/City/Tov	vn/Village			
Part 1908 of the State of New York, the following did occur: My Sin Michael Pess Jr. was					
picked up toky for special wistorica with Michael 1250 3/26/64. Michael Poser 3/26/64					
do not drop off my son book to me ofter the visitation. Office King did speck with					
Michael Perso 3/26/84 and he was with my did allow me to park my do up at					
his house on william of where my sortwas stoping when I arrived. At this time					
10:45 p.m. I did ong my so block to my resident where he will specific night,					
offer picking him up from Michael Perso 3/26/89. When Michael IV. was					
doing Visitation in sond Propert at the	residence when I picket	Jopmy Sto			
at 18:45 pm tonight.					
))) , ,					
		(Use additional page as needed			
False/Statements made herein are punishable as a Class A	Misdemeanor, pursuant to sect				
1 (1 Alana	5/8/18				
Victim/Deponent Signature	Date C	Note: Page			
Kalua / 13 6685/610/1	<u> </u>	whether or not this form			
Witness or Officer Signature/ ' ' ' '	Jaio	will be filed with Law Enforcement. Of 2			
Interpreter Signature and Interpreter Service Provider Name	Date	Linorouniant.			
Interpreter Requested Yes No Interpreter Used Yes No	AL VIOLENCE HOTLINE 4 900 042 5000	02/2016 DC IS Converget @ 2016 by MVS DC IS			

Agency: Case 219-cv-02858-JMA-AIL	71305761X		263822 263852
Reported Date (MMDD77777) Time (24 hours) Occurred Date (MMDD77777) Time (24 hours) Officer Initial O5 D6 2618 1938 O5 D6 2618 D6 Officer Initial O5 D6 2618 D7 Officer Initial O5 Of	ted ☑ Radio Run 🗆 Waf		207
Address (Street No., Street Name, Bldg. No., Apt No.) 32. William St	City State, Zip	NY UTT	<u> </u>
Name (Last, First, M.I.) (Include Aliases)	DOB (MANODATT) Age:	☐ Female ☐ Male ☐ Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)	03 126 11984 34 Victim Phone Number:	Language:,	
City, State, Zip	516-512-9171	☐ Hispanic ■ Non H	ionania [] Inknaura
Part Te Alexon, N.S. 11776.	White □ Black □ Asian □ American Indian □ Other		ispanic Donknown
Name (Last, First, M.I. <u>) (Incl</u> ude Aliases)	DOB (HIMDDAYYY) Age:	☐ Other Identifier: ☐ Female ☐ Male	
Perso, Pessica. Address (street No., Street Name, Bidg. No., Apt No.)	06 192 1985 33	☐ Self-Identified: Language:	
1. Kgte Ct	The state of the s	ENG Hispanic Non F	lispanic [] linknown
City, State, Zip Port Teffex Sc., NY 1/777	₩hite □ Black □ Asian □ American Indian □ Other		iispanic Donkhowii
Do suspect and victim live Suspect/P2 present? Was suspect injured? Yes No If yes describe:		Suspect supervised?	
together ? Yes No Yes No No No Yes No		☐ Not Supervised ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
□ Parent of Victim (P1) □ Child of Victim □ Relative: □ □ Other:		child in common?,	Yes 🗆 No
Emotional condition of VICTIM? Upset Nervous Crying Angry Other: Colm			
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incid	ent?		
"She denied me visitation again today"			
Did suspect make victlm fearful? □ Yes ☑ No If yes, describe:			
Weapon Used? ☐ Yes ☐ No Gun: ☐ Yes ☐ No Other, describe:	,	reats? ☐ Yes ☐ No] Child(ren) ☐ Pet ☐	
Access to Guns? ☐ Yes ☑ No If yes, describe:	☐ Other De	escribe:	
□ Ped ev	tion? ☐ Yes ☑ No ☐ Loss o es/Petechia ☐ Sore Throat ☐		
What did the CHERECT COVID to additional to	arks? 🛘 Yes 🗖 No If yes, des	scribe:	
What did the SUSPECT say (Before and After Arrest):		Paul Marian St. Processor III	
710.30 completed? ☐ Yes No			
Child/Witness (1) Name (Last, First, M.I.) DQB: Child/Witness(1) Address (Street No., Name, Bldg./Ap		. 2 . /	Phone:
Perso, Michael 10/21/14 32 william St Child/Witness (2) Name (Last First M.I.) DOB: Child/Witness(2) Address (Street No., Name, Bldg./Ar		17 11776	Phone:
Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness(2) Address (Street No., Name, Bldg./Ar	ony, state, zip		
Briefly describe the circumstances of this incident: Property Parks Padenied	him visitation	exchange	
of C, today. P, reports 7200 he words police do	ismulation of th	e incident	40
bling to lant.			
			V
	· · · · · · · · · · · · · · · · · · ·	Gradienti (N. 1907) Programa	
X-Pistol Check-Negative			
VI 1901 CHEST MERCHING			
Directory directors 2 100 E 110	Order of Protection in effect?		
Evidence Present? Photos taken: Uvictim Injury Suspect Injury Other Evidence: Damage	15	truction of Property? es, Describe:	☐ Yes <u>☐ N</u> o
Offense Committed? Was suspect arrested? Yes No Offense 1	Law (e.g. PL) Offense		Law (e.g. PL)
Yes No If no, explain: NA —			
POLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL VIOLENCE I	HOTLINE 1-800-942-6906 3	221-03/2016 DCJS Copyr	ight © 2016 by NYS DCJ

Agency: Case 2.19-CV-U2000-JIVIA-	B (51)	riicu Us	18-9/3557	OL SO COUNTIENT #	. 23
Describe Victim's prior domestic incidents with t			10 70222 5	- 607	
				and the state of t	
Visitation excha	nge				
	J	***			

If the Victim answers "yes" to any questions Local Domestic Violence Service Provider: (in this box refer to the NYS I	omestic and	Sexual Violence Hotline	at 1-800-942-6906 or	
Has Suspect ever:		Is suspect co	apable of killing you or children	?	☐ Yes ☐ No
Threatened to kill you or your children? Yes 7	,	Is suspect vi	olently and constantly jealous o	of you?	□ Yes ☑ No
Strangled or "choked" you?		Has the phy	sical violence increased in frequ		
Beaten you while you were pregnant? ☐ Yes ☑ N	lo		•		☐ Yes No
Is there reasonable cause to suspect a child may be the vi	ctim of abuse, neglect, maltreatmer	nt or endangerr	nent? 🗆 Yes 🔎 No		
If Yes, the Officer must contact the NYS Child Abuse Hotlin	ne Registry # 1-800-635-1522.		·		
Was DIR given to the Victim at the scene? ☐ Yes ☐ No	o if NO , Why:	Was Victim I	Rights Notice given to the Victin	n? Yes 🗆 No if NO	, Why:
Signatures:		H)	S671 20 F/60/	, ,	
Reporting Officer (Print and Sign include Rank and ID#)	// 1/1	Supervisor	Print and Sign Include Rank and ID#)		
Kobert King Knotond fly Pc	5 6685/619/1		JUNGEN Sh	T120 8/10.	/0
	MENT OF ALLEGATION	S/SUPPO	RTING DEPOSITION		
* Officers are encouraged to assist the Victim in completin	g this section of the form.				
Suspect Name (Last, First, M.I)					
1 Perso, Michael	(Victim/F	Deponent N	Name) state that on _C	5 1 16 190	(Date)
at 37 William St	,			_	1
			in the County/City/To	•	
	w York, the following did				
I went to go PICK UP			Ret Jeffern	from Jess	ica
Perso in which at this-		MR OF	the Visitation C	exchange.	
I am regulating police of	burnish to	- my ri	eccods ext-this	time.	
		***************************************		(Use additio	nal page as needed
False Statements made herein are pu	ınishable as a Class A	Misdemea	nor, pursuant to sec	tion 210.45 of th	e Penal Law.
Victim/Deponent Signature) <i>le</i>	<u>) </u>	Note:	Page
Robert VE Po Kharthali		5/6/18		Whether or not this	
Witness or Officer Signature	D	ate	AND A COMMON THE COMMON PARTY.	is signed, this DIR	Form
	and the second control of the second control			will be filed with La Enforcement.	w 2
Interpreter Signature and Interpreter Service Provider Nam Interpreter Requested □ Yes No Interpreter Used □		Date			
POLICE COPY (Please make a copy for DA's office if appropriat		AL VIOLENCE HO	OTLINE 1-800-942-6906 322	1- 03/2016 DCJS Copyright	© 2016 by NYS DCJS

Agency: Case 319-cv-02858-JMA-SIL	Wall Page 1	8 of 93 Paged 2	#:30 63201
Reported Date (MMDD07777) Time (24 hours) Occurred Date (MMDD07777) Time (24 hours) Officer Init		Walk-In Complaint # 18-2	632016
Address (Street No., Street Name, Bidg. No., Apt No.)	City, State, Zip	A.L. N.Y.	11766
Name (Last, First, M.I.) (Include Aliases) P.E.R. S.O. J. E.S.S.I. C. A	DOB MM/DD/MM Age - 06/12/1985 3	i e	
Address (Street No., Street Name, Bldg. No., Apt No.)	(10)	Language:	
City, State, Zip	™ White □ Black □ Asi		ispanic □Unknown
The factor with the first	☐ American Indian ☐ Ot	Other Identifier:	•
Name (Last, First, M.I.) (Include Aliases) P. C. R. S. O. M. I. C. H. A. E. L.	DOB 11261984 3	└ □ Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)	Suspect Phone Number: 516-512-917		
City, State, Zip PORT TEFF STATION	White ☐ Black ☐ As ☐ American Indian ☐ Of		ispanic □Unknown
Do suspect and victim-live Suspect/P2 present? Was suspect injured? □ Yes ☑ No If yes describe	1,000,000	Suspect supervised? □	
together? ☐ Yes ☑ No ☑ Yes ☐ No ☐ Suspect (P2) Relationship to Victim (P1) ☑ Married ☐ Intimate Partner/Dating ☐ Formerly Married	use? ☐ Yes ☑ No	Do the suspect and	
☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative: ☐ ☐ Other		child in common?	
Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry ☑ Other: ☐ Д☐ Д		772-100 (1)	· A . J
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incidence of the scene regarding	dent? TE'S SV	POSED 10 H	AVE
WI CHANGE VIST 3			-
Did suspect make victim fearful? ☐ Yes ☑ No If yes, describe:			
Weapon Used? ☐ Yes ☐ No Gun: ☐ Yes ☐ No Other, describe:	─────□ Victim	Threats? ☐ Yes ☑ No ☐ Child(ren) ☐ Pet ☐	
Access to Guns? ☐ Yes ☑ No If yes, describe: Injured? ☐ Yes ☑ No If yes, describe: Strangula	☐ Other tion? ☐ Yes ☐ Ño ☐ Los	Describe:	nation/Defecation
□ Red ey	es/Petechiá □ Sore Throat arks? □ Yes ☑ No If yes,	Breathing Changed	Difficulty Swallowing
What did the SUSPECT say (Before and After Arrest): TUST WANT T	O SEE MY	SCN	
710.30 completed? ☐ Yes ☑ No			
	ot) City, State, Zip		Phone:
Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No., Name, Bldg./Apr	66		Phone:
Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness(1) Address (Street No., Name, Bldg./Ap.	66		Phone:
Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No., Name, Bldg./Ap Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness (2) Address (Street No., Name, Bldg./Ap Child/Witness (2) Address (Street No., Name, Bldg./Ap Briefly,describe the circumstances of this incident: D1 5 TATED THAT P2	66	P TODAY F	
Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness(1) Address (Street No., Name, Bldg./Ap. Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness(2) Address (Street No., Name, Bldg./Ap. Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness(2) Address (Street No., Name, Bldg./Ap.	th City, State, Zip	P TODAY F THAT THE	
Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No., Name, Bldg./AppleRSO, MICHAEL IOZULY I KATE CT MT SINAL NY II A Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness (2) Address (Street No., Name, Bldg./AppleRsoribe the circumstances of this incident: PISTATED THAT P2 VISITATION WITH HER SON CHILD L. IS SUPERVISED AS	th City, State, Zip	P TODAY F THAT THE ILY COURT > MIAC TH	Phone:
Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No., Name, Bldg./Ap Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness (2) Address (Street No., Name, Bldg./Ap Child/Witness (2) Address (Street No., Name, Bldg./Ap Briefly,describe the circumstances of this incident: D1 5 TATED THAT P2	th City, State, Zip	P TODAY F THAT THE ILY COURT > WAS TH S NO LON	Phone:
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ChildWitness (1) Name (Last, First, M.I.) DOB: PERSO, MICHAEL OZULY KATE CT MT SINAL NY II A ChildWitness (2) Name (Last, First, M.I.) DOB: ChildWitness (2) Name (Last, First, M.I.) DOB: ChildWitness (2) Address (Street No., Name, Bldg./Ap ChildWitness (2) Address (Street No., Name, Bldg./	SHOWED UPL STATED PER FAM RVISOR AND ATTOP HE I FOR VISI	P TODAY F THAT THE ILY COURT > WAS TH S NO LON TATION. F MLY COUR > THERES I.	Phone:
Child/Witness (1) Name (Last, First, M.I.) DOB: PERSO, MICHAEL INZULY I KATE CT MT SINAN NY II A Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness (2) Address (Street No., Name, Bldg./Ap Child/Witness (2) A	SHOWED UPL STATED PER FAM RVISOR AND ATTOP HE I FOR VISI SOURT FAM THIS TIME		Phone: OR A VISITATION PE HORC SOTH TO S
Child/Witness (1) Name (Last, First, M.I.) Child/Witness (2) Name (Last, First, M.I.) Child/Witness (2) Name (Last, First, M.I.) Child/Witness (2) Name (Last, First, M.I.) Briefly, describe the circumstances of this incident: VISITATION WITH HER SON CHILD L. IS SUPPOSED TO BE SUPERVISED AS DID NOT SHOW UP WITH A SUPER FOR DENIED VISITATION PZ STO PARTIES ADVISED TO CONTACT A PESPLYE CUSTODY ISSUE. PZ LEF NEGATIVE FURTHER PROBLEM AT PISTOL LICENSE CHE CK NEGA DIR Repository checked? Types No Order of Protection Registry checked? Types No Other Evidence: Damage.	City, State, Zip SHOWED UPL STATED PER FAM RVISOR AND ATTOP HE II FOR VISOR THIS TIME Diding of Protection in effect?		Phone: OR A VISITATION PE HORC SOTH TO S
Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (2) Address (Street No., Name, Bldg./Apr. Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No., Name, Bldg./Apr. Child/Witness (2) Address (Street No., Nam	City, State, Zip SHOWED UPL STATED PER FAM RVISOR AND ATTOP HE I FOR VISO THIS TIME DID Protection in effect? The Property Udeos Define:	☐ Yes ☐ No ☐ Refrairestruction of Property?	Phone: ORA VISITATION PE HORC SCHR OTH TO S Stay Away Yes Y No
Child/Witness (1) Name (Last, First, M.I.) Child/Witness (2) Name (Last, First, M.I.) Child/Witness (2) Name (Last, First, M.I.) Child/Witness (2) Name (Last, First, M.I.) Briefly, describe the circumstances of this incident: VISITATION WITH HER SCIN CHILD I. IS SUPPOSED TO BC SUPPRIVISED AS DID NOT SHOW UP WITH A SUPE FOR DENIED VISITATION. PZ STI REQUIRED TO HAVE A SUPERVISOR PARTIES ADVISED TO CONTACT OF SUPPRIVISOR PISTOL LICENSE CHE CK NECA	City, State, Zip SHOWED UPL STATED PER FAM RVISOR AND ATTUP HE I FOR VISI THIS TIME Drder of Protection in effect? Ü Property Uvideos Di	☐ Yes ☐ No ☐ Refrairestruction of Property?	Phone: OR A VISITATION PE HORE SOTH TO S Stay Away

Case 2(19/cy-02858-JMABS L Document 1-1	Filed 05/14/19	Page 19 of 93 PageID #: 31
Describe Victim's prior domestic incidents with this suspect (Last, Worst.		
VISITATION		
If the Victim answers "yes" to any questions in this box refer to		
If the Victim answers "yes" to any questions in this box refer to Local Domestic Violence Service Provider: (·
Has Suspect ever:	·	
Threatened to kill you or your children? Yes No		•
Strangled or "choked" you?		
Beaten you while you were pregnant? ☐ Yes ☑ No		
Is there reasonable cause to suspect a child may be the victim of abuse, neglections the Office with the NO Color of the Control of the Contr		
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800		
Was DIR given to the Victim at the scene? ਓ Yes □ No if NO, Why:		
Signatures: The PO 633 of 610 / 7		
Reporting Officer (Print and Sign include Rank and ID#)		
POT. SMITH 6554/60/1		
STATEMENT OF A L Z		
* Officers are encouraged to assist the Victim in completing this section of traces. Suspect Name (Last, First, M.I)		
Suspect Name (Last, First, M.I)		
JESSILA PERSO C/12/85		
at KATE OT MT SIMA!		
STFOLL of the State of New York, the	and there is also be a state of the state of	
BECAUSE MY HUSBAND WNO		
SHOW For USITATION WITE		
MICHAEL LEFT.		
:		
		ANNUA II ANNUA
False Statements, made herein are pun i		
Victim/Deportent Signature		
1-1 Jul 10655		
Witness or Quicer Signature		
Interpreter Signature and Interpreter Service Provider Name		
National Programmed □ Vac □ Mo Interpreter Used □ Yes		

	Sasa 19-cv-02858-JMA-AL DOMESTIC MCDE	059	2700	A Page II	595 996
neliden	Reported Date (MMDD7777) Time (24 hours) Occurred DATE (MMDD7777) Time (MMD7777) Time (MMD77777) Time (MMD777777) Time (MMD7777777) Time (MMD77777777) Time (MMD77777777) Time (MMD777777777) Time (MMD777777777) Time (MMD7777777777777) Time (MMD77777777777777777777777777777777777		☐ Walk	-in Complaini	5#7
	Address (Street No., Street Name, Bldg. No., Apt No.)	City, State, Zip PULT JOF	Fancas	LAULTATZ L	N7.IIFF6
	Name (Last, First, M.I.) (Include Aliases)	DOB WARDOWN 84	Age:	☐ Female 🐧 Male	9
	Address (Street No., Street Name, Bldg. No., Apt No.)		37		
	City State 7in	Victim Plance Number	344	Language:	tt.
	How can we safely contact you?	White ☐ Black ☐ American Indian	Other		Hispanic □Unknown
	(i.e. Name, Phone, Email) Name (tay, Eist, M.I.) (include Aliases) JESSICA.	DQB MMDDMYG		☐ Other Identifier: Æ Female ☐ Male	2
	Address (Street No., Street Name, Bldg. No., Apt No.)	DOB AMADDAMAS 5	33	☐ Self-Identified: Language:	
	I KATE CT. PURT JEFF			ENGLIS.	
	City, State Zip JEFFENSON 11777	☐ American Indian			Hispanic □Unknown
100	Do suspect and victim live Suspect/P2 present? Was suspect injured? ☐ Yes No If yes				Probation ☐ Parole
	together ? ☐ Yes No ☐ Yes No	use? □ Yes 😿 No		Not Supervised	•
	Suspect (P2) Relationship to Victim (P1) Married ☐ Intimate Partner/Dating ☐ Formerly ☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative:	r Married □ Former Intimate Pa □ Other:	rtner	Do the suspect ar child in common?	\ .
	Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry ☐ Other:				
	What were the first words that VICTIM said to the Responding Officers at the scene regarding				
HVIII	I NEED TO DOCUMENT, SHE STILL ISN'	GIVING ME	CUTUS	y of My	SUN,
	Did suspect make victim fearful? ☐ Yes ເ No If yes, describe:				
Victili	Weapon Used? ☐ Yes 🖟 No Gun: ☐ Yes ☐ No Other, describe:	Su	spect Three	ats? 🗆 Yes 🗷 No	If Yes. Threats to:
	Access to Guns? ☐ Yes TX No If yes, describe:			Child(ren) □ Pet □	
	Injured? ☐ Yes KNo If yes, describe:	rangulation? ☐ Yes 🗷 No 🛭	Loss of C	onsciousness 🗆 U	rination/Defecation
	In Pain 2 🗆 Vac Mo If you describe:	Red eyes/Petechia ☐ Sore Thisible Marks? ☐ Yes 😿 No If	ıroat 🛮 Br	eathing Changed [Difficulty Swallowing
	What did the SUSPECT say (Before and After Arrest):				191
	70 7.1				
	710.30 completed? ☐ Yes ☐ No				
	Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No., Name PERSO MICHAEL JR 10-21-14 KATE CT.	, Bldg./Apt) City, State, Zip PURT JEFFER	ON N	77711 Y	Phone: 63(-592-2021
110	Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness(2) Address (Street No., Name		5-0		Phone:
				0	
		P(2) IS REFUST 16 TO GIVE T		TIS DATE!	
				J JUCIDO	
	FUR COURT TOMORROW. P(1) ALSO SHOWED TH	ie undertened	ITES	Sec PIT	INK RECOND.
	REGULATED GHES DATLY PHASE CALL WITH H	IS SUN A 370	MAPH	WHICH W	OS DENTED
	ORDER OF PROTECTION WAS NOT VEGILATED				
	JUDGE GOGLOS, EXPERCY 5-18-19 PATIVE	lierre chery	RETU	addu Rus	72V6.
					Secretary States
			QUA.		
			on the section of the	3,422.40	
	DIR Repository checked? XYes □ No Order of Protection Registry checked? XYes □	No Order of Protection in eff	ect?X Ye	s □ No □ Refrai	n XStay Away
	Evidence Present? Photos taken: U Victim Injury U Suspect Injury Other Evidence: U I			tion of Property?	☐ Yes X No
- H	Offense Committed?		If yes, D	escribe:	11 aug en en
offense Evit	☐ Yes No If no, explain:	MAN (G.y.FL)			Law (e.g. PL)
-	ICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL VIOI	ENCE HOTLINE 1-800-942-6906	3221-0	3/2016 DCJS Copyria	ht © 2016 by NYS DCJS

Agency: Caser3;19-cv-02858-JMA-BILORDOCUMENT 1-1	Filed 05/14/149 Page 21 of 93 People # 33
3-13-	18-595996 687
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):	
9-28-18 Lava.	·
5-19-18 was	
10-24-17 pros	
If the Victim answers "yes" to any questions in this box refer to the NYS D	omestic and Sexual Violence Hotline at 1-800-942-6906 or
Local Domestic Violence Service Provider: () Has Suspect ever:	1
Threatened to kill you or your children? Yes Mo	Is suspect capable of killing you or children?
Strangled or "choked" you?	Is suspect violently and constantly jealous of you?
Beaten you while you were pregnant? ☐ Yes ※ No	Has the physical violence increased in frequency or severity over the past 6 months?
	<u></u>
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment of Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.	or endangerment? ☐ Yes 💢 No
Was DIR given to the Victim at the scene? ★ Yes □ No if No , Why:	Was Victim Rights Notice given to the Victim? Yes ☐ No if NO, Why:
Signatures: Reporting Officer (Print and Sign include Rankfand ID#)	Commission
Cham Wasen Po 1335/60/4 .	Supervisor (Print and Sign include Rank and ID#)
Town Waser 1-2/00/7	SETIZET/GION GRIDE
STATEMENT OF ALLEGATIONS	S/SUPPORTING DEPOSITION
* Officers are encouraged to assist the Victim in completing this section of the form.	
Suspect Name (Last, First, M.I)	
PERSO, JESSTEA. A.	
MICHAEL J. PERSO (Victim/D	eponent Name) state that on 10 / 17 / 2018, (Date)
at 32 WILLIAM ST PORT JEFF STA, (Location o	f incident) in the County/City/Town/Village
	OCCUP: I NEED TO DIEUMENT THIS
VISITATION VIOLATION FOR COURT T	UMURROW. JENTIA STIZZ ISW'T
LETTENG ME SEE MY SON, I ALSO	SHUMED THE OFFICER MY PHONE
RECURD TO SHOW THAT I REQUESTED A	PHONE CALL AT 3:04PM ANDIWAY
DEUTED. I ALSO SHOWED THE OPPICER	- THE BUTTRE WEEKS REQUESTS
WHICH WERE ALSO DEVIED	
	30 · A · / 30
	\$1.500 pt
	(Use additional page as needed)
False Statements made herein are punishable as a Class A M	_
Victim/Dependent Signature	10-17-18
Victim/Dependent Signature Da Da Da Da Da Da Da Da Da D	(1) - 17 10
Witness or Officer Signature Dat	te is signed, this DIR Form
	will be filed with Law Of Enforcement.
Interpreter Signature and Interpreter Service Provider Name Interpreter Requested □ Yes □ No Interpreter Used □ Yes □ No	
ROUGE CORVERS AND THE PROPERTY OF THE PROPERTY	VIOLENCE HOTLINE 1-800-942-6906 3221- 03/2016 DC.IS Converget © 2016 by MVS DC.IS

05/14/19 Page 22 of 93 PageID #: 34 CC: 18-0691094/SPD ARREST: 033082-18 PIN: 454944 POLICE DEPARTMENT, COUNTY OF SUFFOLK NY ACCREDITED LAW ENFORCEMENT AGENCY LAST NAME, FIRST MI: PERSO, MICHAEL J ARREST REPORT PDCS-1045C DATE OF ARREST TIME OF ARREST ARREST TYPE LOCATION OF ARREST () INSIDE (X) OUTSIDE 11/29/18 2151 SIGHT (SUMMARY) 32 WILLIAM ST, PT JEFFERSON STA INCIDENT LOCATION: DATE: 11/26/18 OCCURRED: TO DATE: (X) ON 1 KATE CT PORT JEFFERSON, BROOKHAVEN TIME: 1838) BETWEEN TIME: ARRESTING OFFICER: SHIELD RANK COMMAND SIDDALL, DEREK J 40723 6445 PO 0620 FINGER PRINTED: PHOTOGRAPHED: WEAPON (DESCRIBE) (X) YES X)YES ()NO () NO LAW PL ART 215.50 CLASS DEG CAT DESCRIPTION ATT. COMP. CRIM CONTEMPT-2ND:DISOBEY CRT 03 LAST NAME FIRST М NICKNAME / ALIAS DATE OF BIRTH **PERSO** MICHAEL 03/26/1984 **ADDRESS** STATE NYSID# SOCIAL SECURITY # ZIP 32 WILLIAM ST PORT JEFFERSON STA 589-28-7770 NY 11777 01046246H HOME PHONE **CELL PHONE CELL CARRIER EMAIL ADDRESS** 6319972344 MARITAL STATUS MOTHER'S MAIDEN NAME CITIZENSHIP RESIDENCY STATUS **IMMIGRATION STATUS** SINGLE DAY, COCILIA US COUNTY QUEENS BIRTHPLACE: CITY STATE NY COUNTRY **MILITARY SERVICE FLUSHING** SEX RACE/ETHNICITY HEIGHT 508 WEIGHT EYE DEFECTS NOR **EYE COLOR** HAIR COLOR HAIR LENGTH / STYLE WHITE NON HISPANIC М 180 GRN SHO WVC VISIBLE SCARS/MOLES NON NON BUILD COMPLEXION L/R HANDED **SPEECH** CLOTHING MUST/BEARD **AMPUTATION** MED WHI NOR **BLACK SWEATSUIT** NON LANGUAGE TRANSLATOR UTILIZED GANG MEMBER **GANG NAME** STREET NAME ENG ()YES (X)NO) YES (X) NO TATTOO (DESCRIBE) ITALIAN FLAG WITH PERSO WRITTEN ABOVE **EMPLOYER** PHONE NUMBER EMPLOYMENT SELF-EMPLOYED 6312941179 **BUSINESS ADDRESS** CITY STATE ZIP **GOVERNMENT ENTITY** ()YES ()NO OCCUPATION COLLECTING UNEMPLOYMENT **DISABILITY BENEFITS PROMOTION** () YES () NO ()YES () NO VIN# VEHICLE PLATE# STATE YEAR MAKE MODEL COLOR LICENSE # 163 233 045 DISPOSITION VIOLATION(S) NY DWI TEST TYPE: COURT ORDERED: TEST DATE: TEST TIME: TEST KIT NUMBER: () YES () NO ₹ TEST ADMINISTERED BY: TEST LOCATION: BRIEF DETAILS OF OFFENSE: THE DEFENDANT, AT 1 KATE CT, MOUNT SINAI, IN THE TOWN OF BROOKHAVEN, SUFFOLK COUNTY, NEW YORK, ON OR ABOUT NOVEMBER 26, 2018, AT APPROXIMATELY 6:38 P.M., ENGAGED IN INTENTIONAL DISOBEDIENCE OR RESISTANCE TO THE LAWFUL PROCESS OR OTHER MANDATE OF A COURT; IN THAT,

MVB 01 5000 IMM

SIDDALL, DEREK J PO 6445 0620 06 613		SHIELD 6445	COMMAND 0620	РСТ 06	SECTOR 613
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2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	t 1-1 Filed 可数性/19 aPage 38 of 93 地域。以 # 35
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):	
· · · · · · · · · · · · · · · · · · ·	
If the Victim answers "yes" to any questions in this box refer to the N	
If the Victim answers "yes" to any questions in this box refer to the NY Local Domestic Violence Service Provider: (YS Domestic and Sexual Violence Hotline at 1-800-942-6906 or
Has Suspect ever:	Is suspect capable of killing you or children?
Threatened to kill you or your children? ☐ Yes 🄀 No	Is suspect violently and constantly jealous of you?
Local Domestic Violence Service Provider: () Has Suspect ever: Threatened to kill you or your children? Yes No Strangled or "choked" you? Yes No Beaten you while you were pregnant? Yes	Has the physical violence increased in frequency or severity over the past 6 months?
Beaten you while you were pregnant? ☐ Yes 😿 No	☐ Yes If No
	o l
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreat If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.	
	•
Was DIR given to the Victim at the scene? ☐ Yes ☐ No if NO, Why:	Was Victim Rights Notice given to the Victim? ☐ Yes ☐ No if NO, Why:
The state of the s	
Signatures	
Reporting Officer (Print and Sign Include Rank and ID#)	SUDERVISOF (Print and Sign in the Rank and ID#)
C/dom 04/ Wasen 10 1335/60/4 5	anibon.
OTATEMENT OF ALL POATS	
	ONS/SUPPORTING DEPOSITION
Officers are encouraged to assist the Victim in completing this section of the form.	
Suspect Name (Last, First, M.I)	- 1.
PERSON MICHAEL J.	3-26-84
JERGIA PERSO. (Victir	
	m/Deponent Name) state that on $11/126$ / $20/8$, (Date)
at J KATE CT. (Location	on of incident) in the County/City/Town/Village PURT JEFFROW
of the State of New York, the following	did occur: AT 6:38PM ON 11-26-18 I RECEIVED
AN EMAJZ FROM A JON SMITH (JONS	
BE MY ESTRANGED HUBBANDS EMAIL	
NUMBROUS EMOTIS FROM MICHAEL AT	
TIENS LIKE MEDICAL RECORDS AND DO	= 1.
	COURT ORDER OF PROTECTION DOUNGT
	GOOLDS WAND EXPIRES 5-18-19
I SWEAR THE ABOVE STATEMENT -	TO BE TRUE.
	111
	(Use additional page as needed
Egles Statements made havein are numichable as a Class	
raise Statements made nerein are punisnable as a Class	A Misdemeanor, pursuant to section 210.45 of the Penal Law.
idia Danas de Orași de A	1/-26-18 Note: Page
ictim/Deponent Signature	Date Note: Page
/itnessfor Officen Signature	Whether or not this form
Turiess of Onicensignature	bate Signed this Drive Fulfit Of Will be filed with Law
terpreter Signature and Interpreter Service Provider Name	Enforcement.
terprete Requested ☐ Yes ☐ No Interpreter Used ☐ Yes ☐ No	Date Control of the C
DLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SE	EXUAL VIOLENCE HOTLINE 1-800-942-6906 3221- 03/2016 DC.IS Convright © 2016 by NYS DC.IS

	Agency: Case 219-CV-U2858-JIVIA-SIL DOMESTIC INCIDENT REPO	18-235579
E S	Reported Date (MMDD7777) Time (24 hours) Occurred Date (MMDD7777) Time (24 hours) Officer Initia OH 122 13018 1740 OH 123 13018 1542 II ICAD (NYC)	ated Radio Run Walk-In Complaint #
Ē	Address (Street No., Street Name, Bidg. No., Apt No.) 3.2 william 5	Port Jeff Station NY 11776
	Name (Last, First, M.I.) (Include Aliases)	DOB (MADDOWN) Age:
H (F	Address (Street No., Street Name, Bldg. No., Apt No.)	Victim Phone Number: Language: (516)512-9177 English
VIGE	City, State, Zip Port Jeff Station NY 11776	White ☐ Black ☐ Asian ☐ Hispanic ☑Non Hispanic ☐Unknow
	(in the state of t	☐ American Indian ☐ Other ☐ Other Identifier:
	Name (Last, First, M.I.) (Include Aliases)	DOB MINIODITY Age: Female Male Self-Identified:
	Address (Street No., Street Name, Bldg. No., Apt No.) Kork C+	Language: English
9	City, State, Zip Port Jeff NY 11777	☐ White ☐ Black ☐ Asian ☐ Hispanic ☐ Non Hispanic ☐ Unknow ☐ American Indian ☐ Other ☐ Other Identifier:
nspe	Do suspect and victim live Suspect/P2 present? Was suspect injured? □ Yes ☑ No If yes describe	
9	together ? □ Yes ☑ No □ Yes ☑ No	use? 🗆 Yes 🔊 No Not Supervised 🗆 Status Unknown
	Suspect (P2) Relationship to Victim (P1) → Married □ Intimate Partner/Dating □ Formerly Married □ Parent of Victim (P1) □ Child of Victim □ Relative: □ □ Other:	
	Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry Ø Other: CALM	
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incid	
lervie	She's superse to chop my en off at 4 but s	thes not answerry my Calls.
U W	Did suspect make victim fearful? ☐ Yes ☑ No If yes, describe:	
io N	Weapon Used? ☐ Yes ☑ No Gun: ☐ Yes ☐ No Other, describe:	Suspect Threats? ☐ Yes ☑ No If Yes, Threats to: ☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide
	Access to Guns? ☐ Yes ☐ No If yes, describe:	☐ Other Describe:
	□ Red eye	tion? ☐ Yes ☑ No ☐ Loss of Consciousness ☐ Urination/Defecation es/Petechia ☐ Sore Throat ☐ Breathing Changed ☐ Difficulty Swallowi
	In Pain? ☐ Yes Ø No If yes, describe: What did the SUSPECT say (Before and After Arrest): What did the SUSPECT say (Before and After Arrest):	arks? 🛘 Yes 🗷 No If yes, describe:
spect		
Sus	710.30 completed? ☐ Yes ☑ No	
Ses	Child/Witness (1) Name (Last, First, M.I.) DOB; Child/Witness (1) Address (Street No., Name, Bldg./Ap	City, State, Zip Part Jafferson Station, N°, 11716 Phone:
tnes	Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness (2) Address (Street No., Name, Bldg./Ap	
		aree to do of her be at Bish
	at 4 process of did fait to dress P. reports	Pose to dras of his as be at 13 she Poses at answering the phone when
	he tried antacting her. I reports this is an one	
	Police documentation.	
Lative		
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elden		
	& Richal Ohnor Negative	
	* Pistol Check- Negative	
		Order of Protection in effect? ☐ Yes ☑ No ☐ Refrain ☐ Stay Away
Evid	Evidence Present? Photos taken: Victim Injury Suspect Injury Other Evidence: Damage	
90	Offense Committed? Was suspect arrested? Yes No Offense 1	Law (e.g. PL) Offense 2 Law (e.g. PL)
Offen	□ Yes ¬No If no, explain: Visitation —	
	LICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL VIOLENCE H	IOTLINE 1-800-942-6906 3221-03/2016 DCJS Copyright © 2016 by NYS DC

Agency: Cast 2.19-CV-U2030-JIVIA-3I ORIDU	Cullicut I-I Flied (Company #. 37	
SCPD B	25/01	18-235579	1 .607	
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):			
Visitation exchange	, 4944,444, 11.11.11.11.11.11.11.11.11.11.11.11.11.			
Mollana exchange				
	the same a share to be started as a second of the same	NAME OF THE OWNER OWNER OF THE OWNER OWNE		
50) 15				
of If the Victim answers "yes" to any questions in this box Local Domestic Violence Service Provider: ()	refer to the NYS Domestic a	nd Sexual Violence Hotline at 1-80	00-942-6906 or	
Has Suspect ever:	ls suspect	capable of killing you or children?	☐ Yes ♠No	
Threatened to kill you or your children? Yes No	ls suspect	violently and constantly jealous of you?	☐ Yes ☐ No	
Strangled or "choked" you?	Has the n	nysical violence increased in frequency o	•	
Beaten you while you were pregnant? ☐ Yes ☐ No	- 3.3	, .	☐ Yes ✓ No	
Is there reasonable cause to suspect a child may be the victim of abuse,	neglect maltracture.	rment? Voc No.		
Is there reasonable cause to suspect a child may be the victim of abuse, If Yes, the Officer must contact the NYS Child Abuse Hotline Registry#		۱۷۵ تصر ۱۵۵ تــ ۱۷۵		
Was DIR given to the Victim at the scene? ✓ Yes ☐ No if NO, Why:	Was Victin	n Rights Notice given to the Victim?	Yes ☐ No if NO , Why:	
Signatures:		Sy Dely	1 1285 / 600/5	
Reporting Officer (Print and Sign include Rank and ID#)	1	(Print and Sign include Rank and ID#)	20 /	
Robert King Koloot 17 To 6685/6161	′	Sat. Beihof	¥ 1285/610/5	
STATEMENT OF	ALLEGATIONS/SUPP	ORTING DEPOSITION		
* Officers are encouraged to assist the Victim in completing this section	of the form.			
Suspect-Name (Last, First, M.)				
Suspect Name (Last, First, M.I) CVSO J CSS CA		Marian and an analysis of the second and the second		
1 Perso Michael	(Victim/Denonent	Name) state that on <u>0</u> 4	122 12018 (Date)	
at 32 William St		at) in the County/City/Town/V	/Illage <u>for</u> +	
Jefferson of the State of New York, the following did occur: At approximately 4 P.m.				
my son was suppose to be drawed one at my house but Jessica but they did were				
of chile house my Tare alde	i to anterthe	I believe that the		
	thats why they d	id at ahim - ti	1	
they are at a tamily tinotic t	wis will that a	11 VIW 47 1010	7	
,				
		And the second process of the second process		
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			(Use additional page as needed	
False Statements made herein are punishable	as a Class A Misdemo	anor, pursuant to section	210.45 of the Penal Law.	
1/2 /	4/27	1/8		
VictimiDepgnent/Signature	Date	,	Note: Page	
Robert 1/2 Po 6685/610/1	4/27		hether or not this form 2	
Witness or Officer Signature	Date		signed, this DIR Form If be filed with Law Of	
		I I	of fried with Law forcement. 2	
Interpreter Signature and Interpreter Service Provider Name	Date			
Interpreter Requested Yes No Interpreter Used Yes No POLICE COPY (Please make a copy for DA's office if appropriate)	DOMESTIC AND SEXUAL VIOLENCE	HOTI INF 1-800-042-6006 2224-02/0	016 DCJS Copyright © 2016 by NYS DCJS	

DOMESTIC INC. DENTER POR		10 4/9 - 220 4/9
Reported Date (MMDDMM) Time (24 hours) Occurred Date (MMDDMM) Time (24 hours) Officer Initial	ted N Radio Run □ W	alk-in Complaint#
Address (Street No., Street Name, Bldg. No/Apt No.)	City, State, Zip	NY 11776
Name (Last, First, M.I.) (Include Aliases)	DOB (MM/00/mm) Age: 34	☐ Female ☐ Male ☐ Self-Identified:
Address (Street No, Street Name, Bidg. No., Apt No.)	Victim Phone Number:	Language:
City State 7in	516 512 9127 → White □ Black □ Asian	English Hispanic SNon Hispanic Unknown
Part Jeff sta MY 11776	☐ American Indian ☐ Othe	·
Name (Last, First, M.I.) (Include Allases)	DOB (MM/DDM/YY) Age: 32	Female □ Male
MC//C) TP (I) Cq. Address (Street No., Street Name, Bldg. No., Apt No.)	6/14/85/32	☐ Self-Identified: Language:
1 kat ct		English
City, State, Zip With weff Sta NY 11777	₩White □ Black □ Asia □ American Indian □ Oth	
Do suspect and victim live Suspect/P2 present? Was suspect injured? ☐ Yes ♠No If yes describe:	Possible drug or alcohol	Suspect supervised? ☐ Probation ☐ Parole
together ? 🗆 Yes 🎉 No 🗎 Yes 🐯 No	use? 🗆 Yes 🐧 No	☐ Not Supervised ☐ Status Unknown ☐ Do the suspect and victim have a
Suspect (P2) Relationship to Victim (P1) ♣ Married □ Intimate Partner/Dating □ Formerly Married □ Parent of Victim (P1) □ Child of Victim □ Relative: □ Other:	L.I Former Intimate Partner	child in common? Yes \(\text{No} \)
Emotional condition of VICTIM? Upset Nervous Crying Angry Other:	calm	
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incide		
She did it again		
Did suspect make victim fearful? ☐ Yes ♠ No If yes, describe:	Suspect T	hreats? 🗆 Yes 🌌 o If Yes, Threats to:
Weapon Used? ☐ Yes ☑ No Gun: ☐ Yes ☐ No Other, describe: Access to Guns? ☐ Yes ৺ No If yes, describe:	──── □ Victim	☐ Child(ren) ☐ Pet ☐ Commit Sulcide
	ion? ☐ Yes 🛣 No ☐ Loss	of Consciousness Urination/Defecation
□ Red eye]Breathing Changed □ Difficulty Swallowing
What did the SUSPECT say (Before and After Arrest):		(
NA		
710.30 completed? ☐ Yes ☑ No		
ChildWitness (1) Name (Last, First, M.I.) DOB: ChildWitness (1) Address (Street No., Name, Bldg./Apt	City, State, Zip	A NY 11776 Phone:
Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness (2) Address (Street No., Name, Bldg./Apt		Phone:
Briefly describe the circumstances of this incident: SCN at 0900 hVI from PZ	arranged h	o pick up his
1 07 denied him, w	Ikhop pl	n he grined
anguing live New pivol permit. N	reg orders of	1
DIR Repository checked? № Yes □ No Order of Protection Registry checked? № Yes □ No	Order of Protection in effect? [] Yeş À nNo □ Refrain □ Stay Away
507		
		struction of Property?
Evidence Present? Photos taken: Uctim Injury Suspect Injury Other Evidence: Damaged University No Other:	ner: If y	es, Describe:
		es, Describe:

Agency: Case 2.19-CV-02030-3IVIA-3ILORIDOCUITIEI SCPD B OSI	01	COMPLIANCE #. 39
Describe Victim's prior domestic incidents with this suspect (Last, Worst, F	(irst): 11	
	irst): Visitesten dispetes	
		Art sale i territoria de la constitución de la cons
If the Victim answers "yes" to any questions in this box refer to the Local Domestic Violence Service Provider: (ne NYS Domestic and Sexual Violence Hotline	at 1-800-942-6906 or
	· · · · · · · · · · · · · · · · · · ·	N. C.
Has Suspect ever:	Is suspect capable of killing you or children	· ·
Threatened to kill you or your children? Yes No	is suspect violently and constantly jealous	of you?
Strangled or "choked" you?	Has the physical violence increased in freq	uency or severity over the past 6 months?
Beaten you while you were pregnant? ☐ Yes ☑ No		☐ Yes 🕕 No
there reasonable cause to suspect a child may be the victim of abuse, neglect, m	altreatment or endangerment? ☐ Yes 👂 No	
Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-	1522.	
Vas DIR given to the Victim at the scene? ➤ Yes □ No if NO, Why:	Was Victim Rights Notice given to the Victin	m2 No if NO, Why:
		•
Signatures:		
Reporting Officer (Print and Sign Include Rank and ID#)	SupervisoryPrint and Sign Include Rank and ID#)	Λ
Cappelli 10 6397/614/2	Maple LT 6M	1/2 STITUL
appen norman /	1/2/	
STATEMENT OF ALLEG	ATIONS/S\UPPORTING DEPOSITION	•
Officers are encouraged to assist the Victim in completing this section of the form.		
uspect Name (Last, First, M.I)		
Clast, riist, Mil)		
	/ictim/Deponent Name) state that on _	/, (Date
at(I o	cation of incident) in the County/City/To	own/Village
	•	_
of the State of New York, the follow	ring did occur:	
	\sim	
	Kop	
	Ch,	
		5
,		
. /	A PROPERTY OF THE PROPERTY OF	(Use additional page as need
F-1 St-4	A BRIDA A BRIDA	
False Statements made herein are punishable as a CI	ass A Mispermeanor, pursuant to se	ction 210.45 of the Penal Lav
	4/14/18	A1-4-
/ictim/Deportery Signatury 106397610/2	Date 1	Note:
Vitness or Officer Signature		Whether or not this form is signed, this DIR Form
VILLIOSO OF CHINGE ORGINATURE	·	will be filed with Law
nterpreter Signature and Interpreter Service Provider Name	Date	Enforcement.
nterpreter Requested 🗆 Yes 🔎 No Interpreter Used 🗆 Yes 🔍 No	Date	
POLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC A	AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906 32	21- 03/2016 DCJS Copyright © 2016 by NYS DC

Agency: Case 2:19-cv-02858-JMA SI	Page 28 of 93 Page	8-174836
Reported Date (MMDDAYYY) Time (24 hours) Occurred Date (MMDDAYYY) Time (24 hours) Offic	er Initiated Radio Run Dwalk-in Corr	plaint#
Address (Street No., Street Name, Bldg. No., Apt No.)	City State, Zip PORT SEFF STATION	
Name (Last, First, M.I.) (Include Aliases) PERSO MICHAEL	DOB (MMODRYYY) Age: 🗆 Female 🗷	
Address (Street Name, Bldg. No., Apt No.)	3 26 84 31 □ Self-Identifi	ed:
Address (Street No., Street Name, Bldg. No., Apt No.)	(316) S12-4177 CWC	
City, State, Zip PURT TEFF STATION.	White □ Black □ Asian □ Hispanic □ □ American Indian □ Other	Non Hispanic □Unknown
How can we safely contact you? (i.e. Name, Phone, Email)	☐ Other Iden	
Name (Last, First, M.I.) (Include Aliases) PERSO, JESSICA	6 14 85 33 🗆 Self-Identif	
Address (Street No., Street Name, Bldg. No., Apt No.)	Language:	
City, State Zip	White □ Black □ Asian □ Hispanic □	l Non Hispanic □Unknown
ISRI OFFI STATION	☐ American Indian ☐ Other ☐ Other Iden	tifier: sed? ☐ Probation ☐ Parole
Do suspect and victim live Suspect/P2 present? Was suspect injured? ☐ Yes ♠No If yes do together? ☐ Yes ♠No ☐ Yes ♠No	1 cools and a second	ed Status Unknown
Suspect (P2) Relationship to Victim (P1) Married Intimate Partner/Dating Formerly N		pect and victim have a
□ Parent of Victim (P1) □ Child of Victim □ Relative: □□	Other: child in cor	nmon? 🕰 Yes 🗆 No
Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry ☐ Other:	Acm	
What were the first words that VICTIM said to the Responding Officers at the scene regarding the	e incident?	
AGRIN:	·	
· .		
Did suspect make victim fearful? ☐ Yes 🍕 No If yes, describe:	Suspect Threats? ☐ Yes	No If Yes, Threats to:
Weapon Used? ☐ Yes ☐ No Gun: ☐ Yes ☐ No Other, describe:	U Victim ☐ Child(ren) ☐	-
Access to Guns? ☐ Yes ☐ No If yes, describe:	☐ Other Describe: angulation? ☐ Yes ☐ No ☐ Loss of Consciousnes	s ☐ Urination/Defecation
	Red eyes/Petechia 🛘 Sore Throat 🗀 Breathing Chai	nged Difficulty Swallowing
What did the SUSPECT say (Before and After Arrest): Not At S/C For	ible Marks? Yes No If yes, describe:	
	, o Mail (Market)	A 1-7-179004
710.30 completed? ☐ Yes ☐ No		
Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No., Name,	Bldg./Apt) City, State, Zip	Phone:
PERSO, MICHAEL WILLY I KATE ET	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness(2) Address (Street No., Name,	Bldg./Apt) City, State, Zip	Phone:
Briefly describe the circumstances of this incident: C. ALPONTS THAT SI	DEALER HIM HIS SEREI)(% 650
VISITATION WITH THEIR SON. C. STATES THAT	THIS IS AN ONES: AL PI	BOCKM AND
IS REQUESTING PD DOCUMENTATION OF INCID		
PISTOL LICENSE ON FILE		
	,	
DIR Repository checked?	No Order of Protection in effect? ☐ Yes No	□ Refrain □ Stay Away
	Damaged Property ☐ Videos Destruction of Pro	operty?
☐ Yes ② N o ☐ Other: ☐ Electronic Evidence	e 🗌 Other: If yes, Describe:	
Offense Committed? Was suspect arrested? Yes No Offense 1	Law (e.g. PL) Offense 2	Law (e.g. PL)
If no, explain: No Office See		
POLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL VIO	LENCE HOTLINE 1-800-942-6906 3221-03/2016 DCJ	S Copyright © 2016 by NYS DCJ

Agency: SclD	B OSIO1	18-174836	Complaint # 7.41
Describe Victim's prior domestic incidents with	h this suspect (Last, Worst, First):	PRION DEALAL OF VISIT	Mon
<u>'</u>			
If the Victim answers "yes" to any question		S Domestic and Sexual Violence Hotline a	t 1-800-942-6906 or
Local Domestic Violence Service Provider: Has Suspect ever:		La constant of falling you or children	P □ Yes M No
Threatened to kill you or your children?	₩ No.	Is suspect capable of killing you or children?	Ŋ
Strangled or "choked" you?	1	is suspect violently and constantly jealous o	. 4
Beaten you while you were pregnant?)	Has the physical violence increased in frequ	lency or sevently over the past 6 months?
)		
Is there reasonable cause to suspect a child may be the If Yes, the Officer must contact the NYS Child Abuse Ho		ment or endangerment? Li Yes (19) No	
Was DIR given to the Victim at the scene? ☐ Ƴes □		Was Victim Rights Notice given to the Victim	n? ☐ Yes □ No if NO , Why:
Signatures:			9
Reporting Officer (Print and Sign include Rank and ID#)	<u></u>	Supervisor (Print and Sign include Hapk and 1994)	1.47/2011
Q0 Q PU540/610/301		Monny // Short	left /150/10/10/2
7.3.07			7
STATI	EMENT OF ALLEGATION	ONS/SUPPORTING DEPOSITION	
* Officers are encouraged to assist the Victim in comple	eting this section of the form.		
Suspect Name (Last, First, M.I)			
	(Victir	n/Deponent Name) state that on	/ / (Date)
	•		
at	(Location	on of incident) in the County/City/To	wn/Village
of the State of N	New York, the following	did occur:	
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ACCOUNTY SECURITY SEC	A		
4-2004-0-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	- AND		(Use additional page as needed)
False Statements made herein are	punishable as a Class	A Misdemeanor, pursuant to sec	•
Victim/Department Signal		Date	Note: Rage
Victim/Deponent Signature 90 GM 100 5485/643) }C ^t	Date 3/20/18	Whether or not this form
Witness or Officer Signature		Date	is signed, this DIR Form will be filed with Law
Interpreter Signature and Interpreter Service Provider I	Name		Enforcement.
Interpreter Requested 🗆 Yes 🗆 No Interpreter Use	d □ Yes □ No	Date	
POLICE COPY (Please make a copy for DA's office if appropriate app	priate) NYS DOMESTIC AND SI	EXUAL VIOLENCE HOTLINE 1-800-942-6906 323	21- 03/2016 DCJS Copyright © 2016 by NYS DCJS

	Agency: Case 2.19-cv-02658-JIVIA-SIL	Ella Julas	05/0	2 3 U / 2 / (/	(13/3 F	18-170919	
	Reported Date (MMDD07777) Time (24 hours) Occurred Date (MMDD07777) Time (24 hours) E	Officer Initiat ICAD (NYC)	ed Radio Run	☐ Wall	c-in	Complaint #	
	Address (Street No., Street Name, Bldg. No., Apt No.) 32 - W 12-LAM STARK		City, State, Zip	FRES	رمج بدد	TATION, NY 1	שרלו
	Name (Last, First, M.I.) (Include Aliases) P.E.R.S.O. M.I.C.H.A.R.L. J.		DOB (MM/DD/777) 03 126 1984	Age:	☐ Femal	e S Male /	~~~
0.41	Address (Street No., Street Name, Bldg. No., Apt No.) 3.2. W 1 L L I A M STREET		Wictim Phone Number:		Languag		
	City, State Zip JRFFRISON STATION NY 1177	6	536) 512 - 7 S-White □ Black □		☐ Hispa	nic. ≨N on Hispanic □Ui	nknown
	Communication of the Land State of the Communication of the Communicatio	<i>F</i>	☐ American Indian ☐		☐ Other	Identifier:	
	Name (Last, First, M.I.) (Include Aliases) P.E. G. S. O. J.E.S.S. (< 4		DOB DUMODITY 1988	Age:	☐ Fema ☐ Self-k	le □ Male lentified:	
	Address (Street No., Street Name, Bldg. No., Apt No.)	· · · · · · · · · · · · · · · · · · ·			Languag	e:	
$\langle 0 \rangle \langle 0 \rangle$	City State, Zip ORT JRFFRESON					nic Non Hispanic □U	nknown
0.5 0.0	Do suspect and victim live Suspect/P2 present? Was suspect injured? ☐ Yes No If	yes describe:	☐ American Indian ☐ Possible drug or alcoh			ldentifier: pervised? ☐ Probation ☐	Parole
	together?□Yes ছেNo □Yes ছেNo		use? □ Yes No			ervised & Status Unkn	
	Suspect (P2) Relationship to Victim (P1) Married □ Intimate Partner/Dating □ Form □ Parent of Victim (P1) □ Child of Victim □ Relative:		☐ Former Intimate Part	ner	1	suspect and victim have n common? Yes □	
	Emotional condition of VICTIM? 'Æ' Upset □ Nervous □ Crying □ Angry □ Other:						
N.	What were the first words that VICTIM said to the Responding Officers at the scene regar						
	SHE WON'T LET ME HAL	12 my	Sou 700	24			
	Did suspect make victim fearful? ☐ Yes ♣ No If yes, describe:						***************************************
8	Weapon Used? ☐ Yes ☐ Yo Gun: ☐ Yes ☐ No Other, describe:					Yes No If Yes, Threa	
	Access to Guns? ☐ Yes 🛵 No If yes, describe:			Other De) Pet Commit Suid	ade
	Injured? ☐ Yes To No If yes, describe:					sness □ Urination/Defec Changed □ Difficulty Sw	
	In Pain? ☐ Yes No If yes, describe:		ks? Yes No If			onangoa E Dimodity on	allowing
1000	What did the SUSPECT say (Before and After Arrest):	·		***************************************			
Sus	710.30 completed? ☐ Yes ☐ No	-			 		
9	Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No.,	Name, Bldg./Apt)	City, State, Zip			Phone:	
959	Child/Witness (2) Name (Last, First, M.L.) DOB: Child/Witness (2) Address (Street No., 1	Name, Bldg./Apt)	City, State, Zip	10(Se) ~!	, MY	Phone:	
	Briefly describe the circumstances of this incident: P. LEPOLTS THA HIS SON (ABOV) LISTED FROM MOTHER (D.				Jullo		
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	CAN NOT HAVE HIS SON TODAY P.				RNT.		
	DENIED VISITATION LICHTS PISTOL L		CHECKPHES	Alowe	N (4)		SULTS
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1	DOCUMENTRO WRBSITE P. STATED		Λ.	<u>ida</u>	JR I	hs sow	
	Tomollow.						
		,					
	DIR Repository checked? ☐ Yes ☐ No Order of Protection Registry checked? ☐ Y	′es □ No O	rder of Protection in eff	ect? 🗆	Yes Ы No	☐ Refrain ☐ Stay	Away
P			Property ☐ Videos			Property? ☐ Yes 🗃	
	☐ Yes ➡No ☐ Other: ☐ Electronic Ev	idence 🗌 Oth	er:	If yes	, Describe		
ffense	Offense Committed? Was suspect arrested? ☐ Yes ☐ No Offense 1 ☐ Yes ☐ No If no, explain:		Law (e.g. PL)	Offense 2	!	Law (e.g.	PL)
O POI	ICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL	L VIOLENCE HO	TLINE 1-800-942-6906	322	1-03/2016	DCJS Copyright © 2016 by N	17s DCJS

Agency. Case 2:196CV-02858-JWA-SILIONDOCUMENT 1-1	Filed Us/Moderate Page 31 0	607
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):		
PRIOR VISITATION DIS	Pares	
If the Victim answers "yes" to any questions in this box refer to the NYS I		
Local Domestic Violence Service Provider: ()	Domestic and Sexual Violence Hotline a	t 1-800-942-6906 or
Has Suspect ever:	is suspect capable of killing you or children?	☐ Yes ← No
Threatened to kill you or your children? ☐ Yes S-No Strangled or "choked" you? ☐ Yes ☐ Yes	Is suspect violently and constantly jealous of	
Beaten you while you were pregnant? Yes Mar No	Has the physical violence increased in frequi	
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatmen		☐ Yes ★ No
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.	nt or endangerment? LI Yes No	
Was DIR given to the Victim at the scene? ♣ Yes ☐ No if NO , Why:	Was Victim Rights Notice given to the Victim	? kT Yes □ No if NO Why
	and the state of t	. Q. 700 E. Non No.
Signatures:		
Reporting Officer (Print and Sign include Rank and ID#)	Supervisor (Print and Sign include Rank and ID#)	VOD 1400
VIOLA GIACONO PO 5340/610/5	Sat Vince	of Westerley Gunta
STATEMENT OF ALLEGATION	SSUPPORTING DEPOSITION	
* Officers are encouraged to assist the Victim in completing this section of the form.		
Suspect Name (Last, First, M.I)		
/(Victim/E	Deponent Name) state that on	/ / , (Date)
(LOCALIOT)		
of the State of New York, the following did	occur:	
S CATR	N Ross 1	
- AM		w. 2*
· · · · · · · · · · · · · · · · · · ·		
NO	est (100)	
		(Use additional page as needed)
False Statements made herein are punishable as a Class A	Misdemeanor, pursuant to sect	ion 210.45 of the Penal Law.
	ate	Note: Page
1 - Viola 10 5340 /610/5	3/18/18	Whether or not this form
Witness or Officer Signature Da	ate ′	is signed, this DIR Form will be filed with Law
Interpreter Signature and Interpreter Service Provider Name Interpreter Requested □ Yes □ No Interpreter Used □ Yes □ No) also	Enforcement.
STORTHWEN MODIFIED I I VOC. I I No Interprete Head I (V	Date L	

Agency: Case 2:19:CV-02858-JIVIA-AIL DOMESTIC INCIDE STITE ENCIPE STIT	18 165455
Reported Date (MMDDMM) Time (24 hours) Occurred Date (MMDDMM) Time (24 hours) Officer Initia 3 15 18 7/15 □ ICAD (NYC)	ted Radio Run Li Walk-in Complaint #
Address (Street No., Street Name, Bldg. No. Apt No.)	lost jeff station NY 11776
Name (Last, First, M.I.) (Include Aliases)	DOB (MADDOWY) Age:
Address (Street No., Street Name, Bldg. No., Apt No.)	Victim Phone Number: Language: 516 512 9177 Buylin
City, State, Zip Coff Jahren NY, 1177.6	White □ Black □ Asian □ Hispanic □Non Hispanic □Unknown
	☐ American Indian ☐ Other ☐ Other Identifier:
Name (Last, First, M.I.) (Include Aliases)	DOB MINDSYTTY)
Address (Street No., Street Name, Bldg. No., Apt No.)	Language: Snglish
City, State, Zip Pour ITPGROCO NO 1772	White □ Black □ Asian □ Hispanic Non Hispanic □ Unknown □ American Indian □ Other □ Other Identifier:
YuA JTFFace N7 1777 Do suspect and victim live Suspect/P2 present? Was suspect injured? □ Yes \$\frac{1}{2}\$\$ No if yes describe:	
together ? □ Yes in No □ Yes in No	use? ☐ Yes No Not Supervised ☐ Status Unknown ☐ Former Intimate Partner Do the suspect and victim have a
Suspect (P2) Relationship to Victim (P1) Married Intimate Partner/Dating Formerly Married Parent of Victim (P1) Child of Victim Relative:	☐ Former Intimate Partner ☐ Child in common? ☐ Yes ☐ No
Emotional condition of VICTIM? → Upset □ Nervous □ Crying □ Angry □ Other:	
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incid	
She want let me s	ee my son
Did suspect make victim fearful? □ Yes 💢 No If yes, describe:	
Weapon Used? ☐ Yes 🗖 No Gun: ☐ Yes ☐ No Other, describe:	Suspect Threats? ☐ Yes XXNo If Yes, Threats to: ☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide
Access to Guns? ☐ Yes 💆 No If yes, describe:	Other Describe:
Red eve	ion? ☐ Yes 🔼 No ☐ Loss of Consciousness ☐ Urination/Defecation ps/Petechia ☐ Sore Throat ☐ Breathing Changed ☐ Difficulty Swallowin
In Pain? Yes No If yes, describe: Visible Ma	arks? 🛘 Yes 🔼 No If yes, describe:
What did the SUSPECT say (Before and After Arrest):	
9 710.30 completed? ☐ Yes \ No	
Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness(1) Address (Street No., Name, Bldg./Ap	City, State, Zip VCA JEFFERICH NY 11776 Phone:
Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness (2) Address (Street No., Name, Bldg./Ap	
	Noise
Briefly describe the circumstances of this incident: Pl reports 12'1 Sch. Her Will house at 32 William st 18	Les was supposed to come as
to his house at 32 william st Red date at 5pm for supervised visited in	A/3
to pl futher reports that PZ	denies him visitation with
a cfen. Pi regulito police report	
orden of presection. was pilled peru	1)1·
DIR Repository checked? A Yes □ No Order of Protection Registry checked? Yes □ No	Order of Protection in effect? ☐ Yes PNo ☐ Refrain ☐ Stay Away
Evidence Present? Photos taken: ☐ Victim Injury ☐ Suspect Injury Other Evidence: ☐ Damage	d Property □ Videos Destruction of Property? □ Yes 🙀 No
☐ Yes ANO ☐ Other: ☐ Electronic Evidence ☐ O	
Offense Committed? Was suspect arrested? ☐ Yes 🛣 No Offense 1 ☐ Yes 💯 No If no, explain:	Law (e.g. PL) Offense 2 Law (e.g. PL)
	10TLINE 1-800-942-6906 3221-03/2016 DCJS Copyright © 2016 by NYS DC

Agency: Case 2.19 CV 02058	וכ יאו עונ	ORI:	T FIRM OF	Incident#	raye ss or	Complaint # 7: 4	
SCOO	В	09101	g almong	18-	165455	607	
Describe Victim's prior domestic incident	s with this	suspect (Last, Worst, First):	ارازرار	tion P			
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			·				
	stions in t	hio have refer to the NIV	(6 D		lietling of 1	900 042 6006 04	
Local Domestic Violence Service Provi)	- Domestic and	Sexual Viol	ence nothine at i	-000-942-0900-01	
Has Suspect ever:		·	Is suspect ca	apable of killing	you or children?	□ Ye	s 🗷 No
Threatened to kill you or your children?	s 🕅 No	•	ls suspect vi	olently and con	stantly jealous of yo	u? 🗆 Ye	s Ç ≯ No
Strangled or "choked" you?	s 🔊 No		Has the phy	sical violence ir	ncreased in frequenc	cy or severity over the past	6 months?
Beaten you while you were pregnant? ☐ Ye	s S ONO					☐ Ye	s 🔑 No
s there reasonable cause to suspect a child may b	e the victim	of abuse, neglect, maltreat	ment or endangerr	ment? ☐ Yes	No No		
f Yes, the Officer must contact the NYS Child Abu			-				
Was DIR given to the Victim at the scene? X	☐ No if I	NO, Why:	Was Victim I	Rights Notice ai	ven to the Victim?	Yes No if NO, Why:	:
		•		J	· · · · · · · · · · · · · · · · · · ·		
Signatures:		MIN		****			· · · · · · · · · · · · · · · · · · ·
Reporting Officer (Print and Sign include Rank and ID#		1 6		Print and Sign include	Rank and ID#)		
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ST	ATEME	NT OF ALLEGATION	ONS/SUPPO	RTING DE	POSITION		
* Officers are encouraged to assist the Victim in co	mpleting thi	s section of the form.					
Suspect Name (Last, First, M.I)		***************************************					
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at		(Locatio	on of incident)	in the Cou	unty/City/Towr	n/Village	
of the State	of New \	ork, the following	did occur:				
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False Statements made herein	re punis	snapie as a Class	A Wisgemea	mor, purs ()	uant to section	on 210.45 of the Pe	enai Law.
Wall-Danna Land			3/19/1	0	Г	Al-4-:	Page
Victim/Deponent Signature	cale	•	Date 3 15 1	8		Note:	
Witness or Officer Signature	001-		Date	<u> </u>		Whether or not this form is signed, this DIR Form	
, and the second	-		- :::: -		Ī	will be filed with Law Enforcement.	Of Z
Interpreter Signature and Interpreter Service Provi			Date		-	LINOIGENEIL.	
Interpreter Requested Yes No Interpreter				OTI NE	40,0000	N/0040 DQ 10 Q	0 h hn/0 70 /0
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Reported Date navoo						. 79		
	mm Time (24, hours)	Осситеd Date	Time (24 h	nurs) Designation	atori .			dent#
Address (Street No. Ser	eet Name, Bidg, No., Apt No.)	10/24/1	2017 1800	D IGAD (NYC)	Radio	Run 🗆 Wa	k-in Com	plaint#
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				and the second	City, State, Zip	EFFER	VWV	
Cartie (Land First M.L.) (In	chale Alexani				200			
COTESE (Speet No. Stre	SECTION STATE NO., Apt No.)				617.14	P6 30	☐ Female ☐ ☐ Self-Identifie	Male
1. SATE				• • • • • • • • • • • • • • • • • • • •	Suspect Phone		Language:	N.
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o suspect and victin	n live Suspect/P2 presen	12 Was suspen	t Injumed 2 To Maria ma		D American Inc	ian D Other	Other Identifi	er:
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spect (P2) Relatio	onship to Victim (P1) 7	Married ☐ Intim	ate Partner/Deline F		use? 🗆 Yes 🔎	No □		Status Unk
Parent of Victim (P	21) □ Child of Victim □ R	Relative:	Tare Farmen Dating	Formerly Married [Other:	J Former Intimate	Partner	Do the suspe	ct and victim have
notional condition o	FVICTIM? DUpset	Nervous Crvi	ing [] Apgry [] Otto				_ child in comm	on? 🗆 Yes 🗅
hat were the first w	vords that VICTIM said to	the Responding	Officers at the scene	recording the !!-	<u> </u>		(0 3	
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a suspect make vic	tim fearful? ☐ Yes 🗖 N	No If yes, describ	De:	*			-	
eapon Used?	Yes D No Gun: □ Ye	s 🛘 No Other,	describe:			· ·		
cess to Guns?	Yes D No If yes, desc	cribe:				⊔ victim Li C	hild(ren) 🗀 De	No If Yes, Threat
ured? 🗆 Yes 🗂	No If yes, describe:							
Pain? [] Yes 2	No If yes, describe:			□ Red eyes/	Petechia D Som	Loss of Co	nsciousness [Urination/Defect
hat did the SUSPE	CT Say (Before and After Arrest)	: NIA		Visible Mark	3? ☐ Yes ☑ N	olf yes, describ	aming Changed e:	Difficulty Sw
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Repository checked?	Yes No Order tos taken: Victim Injury ther:	of Protection Roy Suspect In	egistry checked? Z	Yes □ No Order on the control of th	of Protection in ef	Fect? Yes Destruction	No Refra	in □ Stay Awa
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Case, 2:19-cv-02858-JMA-SIL, Document 1-1 F	iled 05/14/19 Page 35 of 93 PageID #: 47
Describe Violete	Incident# Complaint#
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):	17.627759 Complaint# 605
Cos Comerco Order Port	INA DOCKET # 0-17621-17/17A
in elect	ON VOILL+ #0.17621-17/171
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If the Victim answers "yes" to any questions in this box refer to the	
If the Victim answers "yes" to any questions in this box refer to the NYS Local Domestic Violence Service Provider: () Has Suspect ever:	Domestic and Sexual Violence Hotline at 1-800-942-6906 or
	is suspect capable of killing you as a till
Threatened to kill you or your children? Yes No Strangled or "choked" you?	Is suspect violently and acceptant
	Has the physical violance:
Beaten you while you were pregnant? ☐ Yes À No	Has the physical violence increased in frequency or severity over the past 6 months?
is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment of Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1,800 CCC 4855	☐ Yes ☐ No
	ont or endangerment? Yes ANo
Was DIR given to the Victim at the scene? Yes □ No if NO, Why:	
A 100 THO, Why:	Was Victim Rights Notice given to the Victim? Pres No if NO, Why:
Signatures:	J D HO II NO, Why:
Reporting Officer (Print and Standard) Reply good ID#)	
Touch shall start	Supervisor (Print and Sign Include Rank and ID#)
11 M Jacobsetto 110/3	
ATATEMENT OF ALL TO	
* Officers are encouraged to assist the Victim In annual III	S/SUPPORTING DEPOSITION
The victim in Completion the coefficient	
(Last, First, M.I)	
- Pecis Jana 6-12-85	
Michael Kose	
at 1075 (Victim/D	eponent Name) state that on is /sto / 2017, (Date)
at 15 75 (Victim/Dictim	fincident) in the O
of the State of New York, the following did	occur: NY TELL TELL A PERSONAL AND THE TELL TELL A PERSONAL AND THE TELL TELL A PERSONAL AND THE TELL TELL AND THE TELL AND THE TELL TELL AND THE TELL AND THE TELL TELL TELL TELL AND THE TELL TELL TELL TELL TELL TELL TELL
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Describe Victim's prior describe	Incide	17-624337 C	omplaint#
Describe Victim's prior domestic incidents with this suspect (Last, Worst, Fi	rei): 101.71.2	1 02000	614
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If the Victim answers "yes" to any questions in this			
If the Victim answers "yes" to any questions in this box refer to the Local Domestic Violence Service Provider: ()	NYS Domestic and Sexua	al Violence Hotline at 1-800-94	2-6906 or
Threatened to kill you or your children? Yes -No	Is support violants	of killing you or children?	☐ Yes- ☐
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Beaten you while you were pregnant? ☐ Yes ☐ No	rias the physical viol	lence increased in frequency or seve	rity over the past 6 mon
there reasonable cause to suspect a child may be the victim of abuse, neglect, mater fes, the Officer must contact the NYS Child Abuse Hottine Registry # 1,800,635,450			□ Yes □
Yes, the Officer must contact the NYS Child Abuse Hotine Registry # 1-800-635-152	eatment or endangement?	Yes D No	
as DIR given to the Victim at the scene? Yes No if NO, Why:	2,	·	
Tes II No if NO, Why:	Was Victim Rights No	otice given to the Victim? Pyes D	7 No KNO 144
gnatures:		165	- 140 ii 14 0, YY IIY;
Diag	Supervisor (Print and Sign	n include Rank and ID#)	
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assist the victim in completing this coation at the			
spect Name (Last, First, M.I)			
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JERSO 14-11-15/14 61	12/85		_
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YERSO, MICHAEL 3/26/84 Michi	m/Donon	state that on 10 1 2	11 2C/2, (Da
1 CATE CT YOUT JETTERS 1/10001	m/Deponent Name) s	state that on 10 / 24	11 2C/2, (Da
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Se Statements made herein are punishable as a Class A Deponent Signature and Interpreter Service Provider Name yes INO Interpreter Used Yes INO	m/Deponent Name) son of incident) in the did occur:	County/City/Town/Village AT TO GET AT TO G	additional page as needs of the Penal Law Page This form Off

	Agency: Case 2:19-cv-02858-JMA-SIL DOMESTIC HARDEN TREPOR	PRO Sage	37 ot 93 7 ag	#:48 50564/
R	eported Date (MADDATY) Time (24 hours) Occurred Date (MADDATY) Time (24 hours) Officer Initiaty Officer Init	ed 🎉 Radio Run	□ Walk-in Com	1007 1607
À	ddress (Street No., Street Name, Bldg. No., Apt No.)	City, State, Zip	f STA, NY	100
N	agne (Last, First, M.I.) (Include Aliases)		Age: 🛘 Female	Male
1	Address (Street No., Street Name, Bldg. No., Apt No.)	Victim Phone Number:	Language:	JUS7)
- T	City, State, Zip PORT, JEFF, STA. NY. 117.7.6	63) 997234 W White □ Black □	T Ulamania N	Non Hispanic Unknown
F	low can we safely contact you? e. Name, Phone, Email) 631-997-2344	☐ American Indian ☐	.	tifier:
	Ame (Last, First, M.I.) (Include Aliases) ERSO, JESSI CA	DOB (MM/DDYYYY)	Age: ↓ Female □ 33 □ Self-Identif	
	Address (Street No., Street Name, Bldg. No., Apt No.)	All John State	Language:	53 1
100	City, State, Zip		Asian Hispanic	Non Hispanic □Unknown
	Po RT Teffens cu NY 11777. Do suspect and victim live Suspect/P2 present? Was suspect injured? ☐ Yes You If yes describe:	Possible drug or alcoh		sed? ☐ Probation ☐ Parole
t	ogether? ☐ Yes No ☐ Yes No	use? □ Yes No		ed 🗆 Status Unknown
S 5	Suspect (P2) Relationship to Victim (P1) Married I Intimate Partner/Dating I Formerly Married Parent of Victim (P1) Child of Victim Relative:	☐ Former Intimate Partr		pect and victim have a nmon? ★ Yes □ No
<u> </u>	Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry (Other: CACM		L.	
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incide			
	CAJ I DOCUMENT MISSED VISITATION		opposition and the second of t	
	Did suspect make victim fearful? ☐ Yes 🕱 No If yes, describe:			
对_	Weapon Used? ☐ Yes ☒ No Gun: ☐ Yes ☐ No Other, describe:	, ·	· · · · · · · · · · · · · · · · · · ·	No If Yes, Threats to:
	Access to Guns? 🗆 Yes 🎾 No If yes, describe:		Other Describe:	Pet Commit Suicide
	□ Red eye	ion? □ Yes 🗷 No □ s/Petechia □ Sore Thr	Loss of Consciousnes oat Breathing Char	s 🛘 Urination/Defecation nged 🗘 Difficulty Swallowing
	In Pain? ☐ Yes No If yes, describe: Visible Ma	rks? ☐ Yes 🗷 Nolfy		-
1500	What did the SUSPECT say (Before and After Arrest):			
	710.30 completed? Yes Yes			-
	Child/Witness (1) Name (Last, First, M.I.) DQB: Child/Witness(1) Address (Street No., Name, Bldg./Apt			Phone:
- 1	PERSO, MICHAEL 10 21 14 I WATE CT Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness (2) Address (Street No., Name, Bldg./Apt		enscu, 47 11°	Phone:
		SCUMENT	THOT 199	
	DENIED VISITATION WITH HIS SO 0800 HRS PI STATES THAT HE			(EU) EO
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			FONES DAY	
i Ne	VISITATION ON MONDAY 10/8/18 AND THAT HE HAS NOT SPOT	AD W	FONES DAY HIS SO.	10/10/18
Varifative	VISITATION ON MONDAY 10/8/18 AND THAT HE HAS NOT SPON IN OVER A WEEK, PI REFERED	ADO W MEU TO BACH TO	FONES DAY HIS SO. FAMILY	10/10/18 Secont,
G DYNAMINATIVE	VISITATION ON MONDAY 10/8/18 AND THAT HE HAS NOT SPON IN OVER A WEEK PI REFERED PZ HAS STAY AWAY ORDER OF PROT	AD W MED TO BACH TO ECTILL A	FONES DAY HIS SO FAMILY GAILST P	10/10/18 COUNT, 1 WHICH
Incident Named IVe	VISITATION ON MONDAY 10/8/18 AND THAT HE HAS NOT SPON IN OVER A WEEK PI REFERED PZ HAS STAY AWAY ORDER OF PROT WAS NOT VIOLATED. NAME CHERK	AD W MED TO BACH TO ECTILL A	FAMILY SALLICE	10/10/18 COUNT, 1 WHICH
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Offense Evid	VISITATION ON MONDAY 10 9 18 AND THAT HE HAS NOT SPON IN OVER A WEEK PI REFERED PZ HAS STAY AWAY ORDER OF PROT WAS NOT VIOLATED. NAME CHERK NEGATIVE RESULTS. DIR Repository checked? Developed In Protection Registry checked? Mes I No Certain Registry Check	AJO WARD TO BACK TO BACK TO PIS	FONES DAY HIS SO FAMILY SAILST P TO L CICE Tect? Yes No [COUNT, COUNT, COUNT, COUNT, Refrain Stay Away

Agency: SCPD B OS	18-58564/ 607/607
Describe Victim's prior domestic incidents with this suspect (Last, Wors)
DRIAD INCOME	1/14) 45 4 5
PRIOR VISITATIOS	VIOLATICUS
If the Victim answers "ves" to any questions in this how refer to	the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or
Local Domestic Violence Service Provider: ()	
Has Suspect ever:	Is suspect capable of killing you or children?
Threatened to kill you or your children? ☐ Yes 🗷 No	Is suspect violently and constantly jealous of you? ☐ Yes 🗷 No
Strangled or "choked" you?	Has the physical violence increased in frequency or severity over the past 6 months?
Beaten you while you were pregnant? Yes No	
Is there reasonable cause to suspect a child may be the victim of abuse, neglect,	
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-63	
Was DIR given to the Victim at the scene? XYes □ No if NO , Why:	Was Victim Rights Notice given to the Victim? Yes ☐ No if NO, Why:
Signatures:	
Reporting Officer (Print and Sign include Rank and ID#)	Supervisor (Print and Sign include Rank and ID#)
CUFFORD PO SATE WOOD, CURS COFF PO STA	3/610/1 Eshoul h 581.1343/600/2 Ryly
	EGATIONS/SUPPORTING DEPOSITION
* Officers are encouraged to assist the Victim in completing this section of the fo	•
Suspect Name (Last, First, M.I) PERSO, JESSICA	
MICHAEL PERSO	(Victim/Deponent Name) state that on 10 / 17 / 2018, (Date)
at 32 WILLIAM ST PORT JUST S	STA, NY 11776 Location of incident) in the County/City/Town/Village Bloom HAVEN
of the State of New York, the folk	WISTATION WITH MY SON MIKEY JR
	Penso ON MONORY, WEDNESDAY, AJP
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	~ =ve Store 10 1119 301
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	STANDE OFFICE AND ADDRESS OF THE PROPERTY OF T
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n	(Use additional page as needed
False/Statements made herein are punishable as a	Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.
Victim/Depone Signature	Date 1 Note: Page
CO BCO 1 005979 (610)	/ IO/12 / 18 Whether or not this form 2
Witness or Officer Signature	Date is signed, this DIR Form will be filed with Law
	will be filed with Law 2 Enforcement.
Interpreter Signature and Interpreter Service Provider Name Interpreter Requested □ Yes ☑ No Interpreter Used □ Yes ☑ No	Date
	TIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906 3221- 03/2016 DCJS Copyright @ 2016 by NYS DCJS

Agency: Case-2:19-cy-02858-JMA-AIL	OSIO Page 39 0 93 Hadden # 51					
Reported Date (MMDD/YYYY) Time (24 hours) Occurred Date (MMDD/YYYY) Time (24 hours) Officer Initial Officer In	tted Radio Run Walk-in Complaint # 18-558907					
Address (Street No., Street Name, Bldg. No., Apt No.)	City, State, Zip PORT JEFFERSON STA					
Name (Last, First, M.I.) (Include Aliases)	DOB (MMDD) Age: Female Male					
D.C. S. O. M. Chael Address (Street No., Street Name, Bldg. No., Apt No.)	3 D6 84 34 □ Self-Identified: Victim Phone Number: 111 Language:					
S.J. William 57 City, State, Zip	G31-997-2599 English					
Dart Jefferson Station	☑ White ☐ Black ☐ Asian ☐ Hispanic ☑Non Hispanic ☐Unknow ☐ American Indian ☐ Other					
Name (Last, First, M.I.) (Include Aliases)	☐ Other Identifier:					
D. e. C. So. J. C. SS. I. C. Address (Street No., Street Name, Bldg. No., Apt No.)	DOB @Modorry Age: Female Male Self-Identified: Suspect Phone Number: Language:					
1. Kate CT	unt English					
City, State, Zip Jefferson Station.	White □ Black □ Asian □ Hispanic □ Non Hispanic □ Unknow □ American Indian □ Other □ Other Identifier:					
Do'suspect and victim live Suspect/P2 present? Was suspect injured? Yes Yes describe:						
together ? 🗆 Yes 🗷 No 🗎 Yes 🗗 No	use? □ Yes No □ Not Supervised □ Status Unknown					
Suspect (P2) Relationship to Victim (P1) □ Married □ Intimate Partner/Dating 🏿 Formerly Married □ Parent of Victim (P1) □ Child of Victim □ Relative: □ □ Other:	☐ Former Intimate Partner ☐ Do the suspect and victim have a child in common? ☐ Yes ☐ No					
Emotional condition of VICTIM? ☐ Upset □ Nervous □ Crying □ Angry □ Other:						
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incide See our Som.	ent? She wont let me					
300 Om 30VI,						
Did suspect make victim fearful? ☐ Yes ☐ No If yes, describe:	_					
Weapon Used? ☐ Yes ☑ No Gun: ☐ Yes ☒ No Other, describe:	Suspect Threats? No If Yes, Threats to:					
Access to Guns? ☐ Yes Ø No If yes, describe:	☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide ☐ Other Describe;					
Injured? ☐ Yes ☐ No ☐ Loss of Consciousness ☐ Urination/Defecation ☐ Red eyes/Petechia ☐ Sore_Throat ☐ Breathing Changed ☐ Difficulty Swallowing						
Wisible Marks? ☐ Yes ☑ Yos, describe:						
What did the SUSPECT say (Before and After Arrest):						
710.30 completed? ☐ Yes No						
Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No., Name, Bldg./Apt)	1					
POSO, Michael Jr 10/21/14 Kate CT Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness (2) Address (Street No., Name, Bldg./Apt)	Port Jeff Sta Phone:					
	7 1010.					
	rest check The reffere					
	erned as fd has not					
Con 1 Thousand 1	Several weeks, ATTE					
welfare of above child, of 50	id he would call bath					
	enied, postal locense					
Check reg, Pl has a star	away order against Pl					
Order nativiolated. 635 notice	sied.					
	operation — — — — — — — — — — — — — — — — — — —					
	A STATE OF THE STA					
DIR Repository checked? Yes No Order of Protection Registry checked? Yes No O	order of Protection in effect? Yes ☐ No Refrain Stay Away					
Evidence Present? Photos taken: Uvictim Injury Ususpect Injury Other Evidence: Damaged	Property ☐ Videos Destruction of Property? ☐ Yes 🖸 No					
☐ Yes ☐ No ☐ Other: ☐ Electronic Evidence ☐ Other: ☐ Offense Committeed? ☐ Was suspect arrested? ☐ Yes ☑ No ☐ Offense 1						
☐ Yes ☑ No If no, explain:	Law (e.g. PL) Offense 2 Law (e.g. PL)					
2:1						

Agency: Case 2:19-CV-02858-JMA-SBRI: Document 1-	Filed Ubide4#19 Page 40	OT 9150M2000HD #: 52
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):		10 000 707
	5 e veral	
If the Victim answers "yes" to any questions in this box refer to the NYS I	Domestic and Sexual Violence Hotline at	1-800-942-6906 or
Local Domestic Violence Service Provider: ()		
Has Suspect ever:	Is suspect capable of killing you or children? Is suspect violently and constantly jealous of	☐ Yes ☐ No vou? ☐ Yes ☐ No
Threatened to kill you or your children? Yes No Strangled or "choked" you? D Yes No	Has the physical violence increased in freque	
Strangled or "choked" you?	Has the physical violence increased in freque	1 /
s there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatme f Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.	nt or endangerment? Li res 🖒 No	
	Was Victim Rights Notice given to the Victim	2 AT Yes No if NO Why
Was DIR given to the Victim at the scene? Yes □ No if NO, Why:	Was Victim Rights Notice given to the Victim	: (4) 163 11 110 11 110, WIIY.
lest in nail box		
Signatures: Reporting Officer (Print and Sign include Rank and ID	Supervisor (Prig/and Sign include Rank and ID#)	the second of th
Reporting Officer (Print and Sign include Rank and ID) (G48) (G48) (G48)	My/h av 1386/1	ile J. Party
	/://: · - · · · ·)
STATEMENT OF ALLEGATION	187SUPPORTING DEPOSITION	
* Officers are encouraged to assist the Victim in completing this section of the form.		
Suspect Name (Last, First, M.I) PR(50, Jessica		
· · · · · · · · · · · · · · · · · · ·	Deponent Name) state that on	/, (Date)
	of incident) in the County/City/To	
		1111 V III U U U U U U U U U U U U U U U U U
of the State of New York, the following did	J OCCUI.	
	And the second s	CENTRAL SERVICE
	807	YARA ST
		(Use additional page as needed
False Statements made herein are punishable as a Class A	Misdemeanor, pursuant to sec	tion 210.45 of the Penal Law
Victim/Deponent Signature	Date / d	Note: Page
ET 200/CURT 16/1/5	9/28/18	Whether or not this form
Witness or Officer Signature	Date	is signed, this DIR Form Of will be filed with Law
		Enforcement.
Interpreter Signature and Interpreter Service Provider Name Interpreter Requested □ Yes □ No Interpreter Used □ Yes □ No	Date	
	UAL VIOLENCE HOTLINE 1-800-942-6906 322	21- 03/2016 DCJS Copyright © 2016 by NYS DCJ

	Agency: Sasp 8:19-cv-02858-JMA-AL	Pro Ra	ge 41 (acident	#: 53
	Reported Date (MNDDMM) Time (24 hours) Occurred Date (MNDDMM) Time (24 hours) Officer II	nitiated Radio Ru	n 🗆 Wal	lk-in Complaint	- 5.00 g
ll wall	09 24 20 0 2228 05 24 208 1900 □ ICAD (N' Address (Street No., Street Name, Bldg. No., Apt No.)	•			010
	32 MILLIAM ST	City State, Zip	1 5 mg	and My	11776
	Name (Last, First, M.I.) (Include Allases)	DOB (MM/DDMM)	Age: 34	☐ Female Male ☐ Self-Identified:	
	Address (Street No., Street Name, Bldg, No., Apt No.)	Victim Phone Num	ber:	Language:	
	City State 7in	631-997-	2344		
	How can we safely contact you?	White □ Black □ American India			spanic □Unknown
	(i.e. Name, Phone, Email) Name (Last, First, M.I.) (Include Aliases)			Other Identifier:	
	PELSO, TES CICAL Address (Street No., Street Name, Bldg. No., Apt No.)	DOB MMODITYY)	Age:	☐ Female ☐ Male ☐ Self-Identified:	
		3 3 3 3 3 3 3 3 3	D TOOLS	Language:	
	City, State, Zip	White □ Black	⊂ ☐ Asian	☐ Hispanic ☐ Mon H	ispanic □Unknown
984	P) TELLOSON PT 11777			☐ Other Identifier:	
u _S	Do suspect and victim live Suspect/P2 present? Was suspect injured? ☐ Yes No if yes descrited together? ☐ Yes No ☐ Yes No	1 cocibio drug of a		uspect supervised?	
	Suspect (P2) Relationship to Victim (P1) Married Intimate Partner/Dating I Formerly Marri	use? 🗆 Yes 🎉		☐ Not Supervised ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
	☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative: ☐ Oth	er:		child in common?	
	Emotional condition of VICTIM? Upset Nervous Crying Angry Other:	,			
M	What were the first words that VICTIM said to the Responding Officers at the scene regarding the in				
	I HILLI POLEN TO MY 50	NENGU	REK	MARTINE COLORS	-
	,				
otri	Did suspect make victim fearful? ☐ Yes 🐧 No If yes, describe:	-			
N.	Weapon Used? ☐ Yes No Gun: ☐ Yes No Other, describe:			reats? ☐ Yes ☑ No I Child(ren) ☐ Pet ☐	
	Access to Guns? No If yes, describe:	[[Other De	scribe:	
		lation? ☐ Yes No eyes/Petechia ☐ Sore	☐ Loss of Throat ☐ I	Consciousness 🗆 Uri Breathing Changed 🗇	nation/Defecation Difficulty Swallowing
		Marks? 🗆 Yes 🕰 No			
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	710.30 completed? ☐ Yes No Child/Witness (1) Name (Last, First, M.I.) DOB; Child/Witness (1) Address (Street No., Name, Bldg./	Anti City State 7in	Management		DI
995	REASO, MECHALOGIO 21/14	Apt) City, State, Zip	-		Phone:
Italie	Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness(2) Address (Street No., Name, Bldg./	Apt) City, State, Zip			Phone:
	And it is a second of the second				
	Briefly describe the circumstances of this incident: PHI REPORTS HE HISA!; SUN STICL 09/17/2018 AS PER LANGUE CORT. AS PER SHAR ONGE. REPORT FOR DOCUMENTSUN WHATEVE.	NAU VIDA	GILLO	15 WAS H	
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Ш		<u> </u>	FOLK CUT		
	DIR Repository checked?	Order of Protection in	effect?	res □ No □ Refrair	☐ Stay Away
	Evidence Present? Photos taken: Uvictim Injury Ususpect Injury Other Evidence: Ususpect Injury Other Evidence: Ususpect Injury Ususpect Injury Ususpect Injury Other: Ususpect Injury Ususpect Injury Other Evidence: Ususpect Injury Other: Ususpect Injury Other Evidence: Ususpect Injur		200	uction of Property?	☐ Yes Wo
	☐ Other: ☐ Electronic Evidence ☐ Offense Committed? ☐ Was suspect arrested? ☐ Yes ■ No Offense 1	Other: Law (e.g. PL)	If yes, Offense 2	Describe:	l aw (= 51)
Offens	☐ Yes No If no, explain:	C.y. FL	Onorise 2		Law (e.g. PL)
20,55	LICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL VIOLENCE	HOTLINE 1-800-942-690	6 322	1-03/2016 DCJS Copyrigh	t © 2016 by NYS DCJS

Agency: Case 2:19-cv-02858-JMA-SILORI:Documen	nt 1-1 Filed 05/44/19 Page 42 of 93 Page 42	州D #: 54
Describe Victim's prior domestic incidents with this suspect (Last, Worst, Fir		21 Q
09/17/18 VISA	AZIN	
If the Victim answers "yes" to any questions in this box refer to the Local Domestic Violence Service Provider: ()	e NYS Domestic and Sexual Violence Hotline at 1-800-942-69	06 or
Has Suspect ever:	Is suspect capable of killing you or children?	☐ Yes 💆 No
Threatened to kill you or your children? ☐ Yes 🎾 No	Is suspect violently and constantly jealous of you?	☐ Yes No
Strangled or "choked" you?	Has the physical violence increased in frequency or severity	over the past 6 months?
Beaten you while you were pregnant? Yes No		☐ Yes ☑ No
s there reasonable cause to suspect a child may be the victim of abuse, neglect, mal	lltreatment or endangerment? ☐ Yes ♣No	
f Yes, the Officer must contact the NYS Child Abuse Hottine Registry # 1-800-635-15		
Was DIR given to the Victim at the scene? ✓ Yes ☐ No if NO , Why:	Was Victim Rights Notice given to the Victim? ✓ Yes □ N	o if NO , Why:
Signatures:		
Reporting Officer (Print and Sign Include Rank and ID#)	Supervison (Print and Sign include Rank and ID#)	
1-CHASA Offento 5022/610/4	HMK SCT 1776 610/4	,
		-
* Officers are encouraged to assist the Victim in completing this section of the form.		
Suspect Name (Last, First, M.I)		
Suspect Name (Last, First, M.I)		
	ictim/Deponent Name) state that on//	, (Date
[V		•
I(V at(Loc	ictim/Deponent Name) state that on// cation of incident) in the County/City/Town/Village _	
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False Statements made herein are punishable as a Cla	cation of incident) in the County/City/Town/Village ing did occur:	additional page as need of the Penal Lav
False Statements made herein are pahishable as a Cla	cation of incident) in the County/City/Town/Village ing did occur:	additional page as needd of the Penal Law
at	cation of incident) in the County/City/Town/Village ing did occur:	additional page as neede of the Penal Lav a: Page mot this form is DIR Form
False Statements made herein are panishable as a Cla	cation of incident) in the County/City/Town/Village ing did occur: (Use ass A Misdemeanor, pursuant to section 210.45 9/24/18 Note 05/24/18	additional page as neede of the Penal Law of this form is DIR Form with Law Of

Agency: Casp 8:19-cv-02858-JMA-AIL	Incident#
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Address (Street No., Street Name, Bldg. No., Apt No.)	ATT. SANT PORT SENTICSCHUY.
Name (Last, First, M.I.) (Include Aliases)	Ob 12 1985 32 Self-Identified:
PERSO, TESSICA. Address (Street No., Street Name, Bldg. No., Apt No.)	Language:
1 hATE CT.	J EUGLISH BUSINESS
PORT SEFFERSON, NY. 11777	White ☐ Black ☐ Asian ☐ Hispanic ☐ Hispanic ☐ Unknown ☐ American Indian ☐ Other ☐ Other ☐ Other ☐ Other
	Li Other Identifier.
Name (Last, First, M.I.) (Include Allases)	DOB (MARROWYY) Age: Female La Male C 3 76 784 33 D Self-Identified:
P.F.R. SO, M. T.C. HATEL. Address (Street No., Street Name, Bldg. No., Apt No.)	Suspect Phone Number: Language:
32 WILLIAM ST.	SIG-572-9177 SNG GSH White Black Asian Hispanic Non Hispanic Unknown
City, State, Zip	☐ American Indian ☐ Other ☐ Other Identifier:
PORT JEFF STUTTON 11. 7.76 Do suspect and victim live Suspect/P2 present? Was suspect injured? □ Yes □ No If yes describe:	Possible drug or alcohol Suspect supervised? ☐ Probation ☐ Parole
together? 🗆 Yes 🗗 Mo	use? Tyes Tho Not Supervised The Status Criticioni
Suspect (P2) Relationship to Victim (P1) W Married Intimate Partner/Dating Formerly Married	☐ Former Intimate Partner ☐ Do the suspect and victim have a child in common? ☐ ☐ No
☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative: ☐ Otriet.	child in common? Lives Li No
Emotional condition of VICTIM? Upset Nervous Crying Angry ther: , C Color	
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incid	ent?
I CHANGED THE	UISITATION AGREEMENT
Did suspect make victim fearful? ☐ Yes ☑ No If yes, describe:	The War Therete to
Weapon Used? ☐ Yes ☑ No Gun: ☐ Yes ☐ No Other, describe:	Suspect Threats? ☐ Yes ☐ No If Yes, Threats to: ☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide
Access to Guns? [] Yes [] No If yes, describe:	☐ Other Describe:
	tion? ☐ Yes ☑ No ☐ Loss of Consciousness ☐ Urination/Defecation es/Petechia ☐ Sory Throat ☐ Breathing Changed ☐ Difficulty Swallowin
	es/Petechia 🗋 Sore Throat 🗋 Bleathing Changed 💆 Billiothy examples arks? 🗎 Yes 🔀 No If yes, describe:
What did the SUSPECT say (Before and After Arrest):	
NA	
710.30 completed? ☐ Yes ☑ No	
Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness(1) Address (Street No., Name, Bldg./A	pt) City, State, Zip Phone:
PERSON METCHATE LOGICITY 1, HATE, CT POPT SEPP	PORT JEFFER SON, NY
Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness(2) Address (Street No., Name, Bldg./A	pt) City, State, Zip Phone:
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	Control of the contro
DIR Repository checked? Ves No Order of Protection Registry checked? Yes No	Order of Protection in effect? ☐ Yes ► No ☐ Refrain ☐ Stay Away
Evidence Present? Photos taken: U Victim Injury U Suspect Injury Other Evidence: U Damag	ged Property □ Videos □ Destruction of Property? □ Yes □ No
☐ Yes ☑ No ☐ Other: ☐ Electronic Evidence ☐	1 3W (0 a BL)
Offense Committed? Was suspect arrested? Yes Offense 1	Law (e.g. PL) Offense 2
☐ Yes ☑ No ☐ If no, explain: OFFENSE ———————————————————————————————————	
NYS DOMESTIC AND SEXUAL VIOLENCE	E HOTLINE 1-800-942-6906 3221-03/2016 DCJS Copyright © 2016 by NYS C

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):	i# age 11 or e	Complaint#
	1-165467	615

10/74/17- UISTTATION ISSUES 3/08/18- UISTTATION ISSUES		
3/08/18 - VISITIATION ISSUES		
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexua	al Violence Hotline at 1.	800-942-6906 or
Local Domestic Violence Service Provider: ()	ar violence riotaine at 1-	
,	of killing you or children?	☐ Yes ☑ No
7	and constantly jealous of you	ı? ☐ Yes ☑ No
Strangled or "choked" you?	lence increased in frequency	y or severity over the past 6 months?
Beaten you while you were pregnant? 🛘 Yes 🗹 No		☐ Yes ☑ No
there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment?	Yes Lano	
es, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.	**	
as DIR given to the Victim at the scene? Yes No if NO, Why: Was Victim Rights No.	otice given to the Victim?	The D No if NO Why
Tab Violin Adjillo IV	calor given to the vicility	₽ 165 L3 140 II 14 0 , Willy.
gnatures;		
porting Officer (Print and Sign include Rank and ID#) Supervisor (Print and Sign include Rank and ID#)	gn include Rank and ID#\	
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(Victim/Deponent Name)	state that on	/ / .(Date
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False Statements made herein are punishable as a Class A Misdemeanor, p	oursuant to section	(Use additional page as need a 210.45 of the Penal Laventh Page (Phether or not this form signed, this DIR Form)
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False Statements made herein are punishable as a Class A Misdemeanor, p	oursuant to section W is wi	(Use additional page as need a 210.45 of the Penal Laventh Page (Phether or not this form signed, this DIR Form)

	Agency: Case 2:1	.9-cv-0285	o8-JM <i>F</i>	A DO	NESTIC INCIDE	State V VI REPOI	05101	\mathcal{M}	ا برلها	18-1617	5 / .00
	Reported Date (MMDD/YYY)	Time (24 hour 1436 / 22	rs) Occurre	d Date (MMVDDMM	n Time (24 hours)	Officer Initial	ted Radio Run	□ y\ \ eil	ketn	Complaint #	
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	Name (Last, First, M.I.) (Include	Aliases)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	DOB (MM/00/777)	Age:		e 🗷 Male	
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Ē	City State 7in	<u>AR</u>				*	Victim Phone Numb		☐ Hienar		anic 🗆 Unknown
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100	City, State, Zip . Poctate?	ペッパルカ					White □ Black □ American Indian				anic Liunknown
33	Do suspect and victim liv	/e Suspect/P2 p		/as suspect inju	red? ☐ Yes No If	es describe:	Possible drug or ald				obation Parole
	together? Yes						use? 🗆 Yes No			ervised State Suspect and vi	
	Suspect (P2) Relations ☐ Parent of Victim (P1)	hip to Victim (P	1) □ Marrie n □ Relativ	ed 🗆 Intimate P re:	artner/Dating // Form	nerly Married ☐ Other:_	☐ Former Intimate P	artner		common?	
	Emotional condition of V					Jacm					
	What were the first wor	ds that VICTIM s	aid to the R	esponding Offic	ers at the scene regar	ding the incide	ent? I WAS	DENIE	o his	TATION AG.	AIN WILL
ervie	My SON.								more more as a constant		A Maria - To a Maria Mar
E E	Did suspect make victin	n fearful? Yes	No If	yes, describe:							
<u>ت</u> د	Weapon Used? ☐ Y	∕es □ No Gun	: 🗆 Y	No Other, desc	ribe:					Yes No If Y	
	Access to Guns? 🗆 \	∕es ≪No If ye	s, describe					I Victim □ I Other De		□ Pet □ Co	ommit Suicide
	Injured? ☐ Yes 😂 🗥	o If yes, describ	e:			Strangulati	i on? □ Y es ਹ ੈ No s/Petechia □ Sore 1	Loss of	Conscious	sness 🗍 Urinat	ion/Defecation
	in Pain? □ Yes 🖊 N					Visible Ma	rks? 🛘 Yes 🚄 No	If yes, des	cribe:	onanged Li or	modity owallowing
ect	What did the SUSPECT	Say (Before and Afte	er Arrest):	No 1	OT I/C	ion pe) INTERVIE	w			
Susp	710.30 completed?	Yes No		gath couldn't be the death of the committee						·	
2	Child/Witness (1) Name	(Last, First, M.I.)		Child/Witness(1) Address (Street No., I	Name, Bldg./Apt				Ph	one:
esse	PERSO, MICHA	-		I KATE	حَدَّ 2) Address (Street No., I	Nome Plds (Ant	PURT 5	CFF	STA	Die	ione:
With	Child/Witness (2) Name	(Last, First, M.I.)	JOR:	Critia/vvitriess(.	2) Address (Sileet No., I	varile, blug./Apt	City, State, Zip			FI	one.
	Briefly describe the circ	umstances of thi	s incident:	C1 15 R	Epurting th	AT HE	WAS DENIE	p HIS	Sch	(EDULED	VISITATION
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Offense	Offense Committed? ☐ Yes ② No			☐ Yes 💋 No	Offense 1		Law (e.g. PL)	Offense 2	2		Law (e.g. PL)
O		If no, explair	had	१८८५							***

Agenolic Case 2.19-CV-02858-JIV		ı 1-1 Filed	18-16(20)	18-16(100 60)
Describe Victim's prior domestic incidents wi	th this suspect (Last, Worst, Fir	st): PRION	VISITATION DEMANG	
		Klas.	A & De Chillian De Males	
If the Victim answers "yes" to any question Local Domestic Violence Service Provider		e NYS Domestic a	nd Sexual Violence Hotline at	1-800-942-6906 or
Has Suspect ever:		ls suspec	capable of killing you or children?	□ Yes 🖪 No
Threatened to kill you or your children? Yes	3	ls suspec	violently and constantly jealous of	you? 🗆 Yes 🗗 No
Strangled or "choked" you?	, , , , , , , , , , , , , , , , , , ,	Has the p	nysical violence increased in freque	ency or severity over the past 6 months?
Beaten you while you were pregnant? 🛘 Yes 🎉				☐ Yes 💆 No
s there reasonable cause to suspect a child may be the		•	erment? 🗆 Yes 🗐 No	
Yes, the Officer must contact the NYS Child Abuse H			man and a second and a second	The Fire was
Vas DIR given to the Victim at the scene? ☐≺es □	I NO IT NO, Why:	Was Victi	n Rights Notice given to the Victim	LI Yes LI No if NO , Why:
Signatures:				
Reporting Officer (Print and Sign include Rank and ID#)		Superviso	(Print and Sign include Rank and ID#)	
300 BOTHER /62/3	366		water Can Sot. 12	94/60/4 Carey
0	CERCULATION ALIENT	TIONS		
		•	ORTING DEPOSITION	
Officers are encouraged to assist the Victim in compl	leting this section of the form.,	annon ingagina mananan ny nataon'i Africa i mataoni		
Suspect Name (Last, First, M.1)				
	(V	ictim/Deponen	Name) state that on	/, (Date
at	(Loc	ation of incide	nt) in the County/City/Tov	vn/Village
of the State of	New York, the followi	ng did occur:		
		X O		
4224		250		
			" Say	
				(Use additional page as need
False Statements made herein are	punishable as a Cla	ıss A Mi s dem	nor, pursuant to sect	ion 210.45 of the Penal Law
Catha Danas at Olas		14/10		M-4
ictim/Deponent Signature	•	Date	118 .	Note: Page
Vitness Officer Signature	4	Date	(• 0)	Whether or not this form is signed, this DIR Form of
				will be filed with Law Of Conference Of Of Of Of Of Of Of O
nterpreter Signature and Interpreter Service Provider nterpreter Requested □ Yes □ No Interpreter Use		Date		
POLICE COPY (Please make a copy for DA's office if appro		ND SEXUAL VIOLENCE	HOTLINE 1-800-942-6906 3221	- 03/2016 DCJS Copyright © 2016 by NYS DCJ

Agency. Case 213-CV-02030-JIVIA-AIL	0510 78-152938
Reported Date (MMDD7777) Time (24 hours) Occurred Date (MMDD7777) Time (24 hours) 0	Officer Initiated Radio Run Walk-in Complaint#
Address (Street No., Street Name, Bldg. No., Apt No.)	City State, Zip
32 William St Name (Last, First, M.I.) (Include Aliases) Herso, Michael	DOB (MM/DOYYYY) Age: Female Male
Address (Street No., Street Name, Bldg. No., Apt No.)	Victim Phone Number: Language: ☐ Kg
Address (Street No., Street Name, Bldg. No., Apt No.)	516-512-9177 EIV9
Port Tefferson Station, NY 11776	White □ Black □ Asian □ Hispanic □ Unknown
	☐ American Indian ☐ Other ☐ Other Identifier: ☐ DOB MMODITY) ☐ Age: ☐ Female ☐ Male
Name (Last, First, M.I.) (include Aliases)	
Address (Street No., Street Name, Bldg. No., Apt No.)	Language: ENG
O't. Otal. 7in	
Do suspect and victim live Suspect/P2 present? Was suspect injured? Yes	American Indian Other Other Identifier: Suspect supervised? Probation Parole
together? ☐ Yes ☐ No ☐ Yes ☐ No	use? ☐ Yes ♣No Supervised ☐ Status Unknown
Suspect (P2) Relationship to Victim (P1) Married Intimate Partner/Dating I Formed	erly Married Former Intimate Partner Do the suspect and victim have a
☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative:	☐ Other: child in common? ☐ Yes ☐ No
Emotional condition of VICTIM? Upset Nervous Crying Angry Other:	
What were the first words that VICTIM said to the Responding Officers at the scene regard	ng the incident?
"I need downentation"	
Did suspect make victim fearful? □ Yes ☑ No If yes, describe:	_
Weapon Used? ☐ Yes ☐ No Gun: ☐ Yes ☐ No Other, describe:	Suspect Threats? ☐ Yes ☐ No If Yes, Threats to:
Access to Guns? ☐ Yes ☐ No If yes, describe:	□ Victim □ Child(ren) □ Pet □ Commit Suicide □ Other Describe:
Injured? 🗆 Yes No If yes, describe:	Strangulation? Yes No Loss of Consciousness Urination/Defecation
In Pain? ☐ Yes ☐ No If yes, describe:	☐ Red eyes/Petechia ☐ Sore Throat ☐ Breathing Changed ☐ Difficulty Swallowing Visible Marks? ☐ Yes ☑ No If yes, describe:
What did the SUSPECT say (Before and After Arrest):	
710.30 completed? ☐ Yes ☑ No	
Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No., N	ame, Bldg./Apt) City, State, Zip Phone:
ChildWitness (2) Name (Last, First, M.I.) DOB: ChildWitness (2) Address (Street No., N	
	5 father was suppose to pick up
Cy today at 50 clock from P2. P. Stated	
	sking why Pr cancelled the visit best
	the visitation exchange but preparts
trick confecting P2 asking why she concelled P3 did not appear. P, requested P3 ce a	formulation for No vectors
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<u> </u>	D. N. Order of Bustnation in affection D. Van Deffee D. Defeate D. Oter, Away
	B □ No Order of Protection in effect? □ Yes □ No □ Refrain □ Stay Away □ Damaged Property □ Videos □ Destruction of Property? □ Yes □ No
Evidence Present? Photos taken: Victim Injury Suspect Injury Other Evidence:	Maria Danashari
Offense Committed? Was suspect arrested? Yes No Offense 1	Law (e.g. PL) Offense 2 Law (e.g. PL)
Yes No If no, explain: Vigitori's	
	VIOLENCE HOTLINE 1-800-942-6906 3221-03/2016 DCJS Copyright @ 2016 by NYS DCJS

Agency 136 2 19-cv-02858-JMA-SIL ORDOCUMENT		607
Describe Victim's prior domestic incidents with this suspect (Last, Worst, Fi	irst):	
2/27/18-Visitation exchange		
10/26/17 - Visitation exchange		
10/24/17 - Visitation enchange		
If the Victim answers "yes" to any questions in this box refer to the Local Domestic Violence Service Provider: ()	e NYS Domestic and Sexual Violence Hotline at 1-800-942-	6906 or
Has Suspect ever:	Is suspect capable of killing you or children?	☐ Yes → No
Threatened to kill you or your children? Strangled or "choked" you? Yes No	Is suspect violently and constantly jealous of you?	☐ Yes < ☐ No
Beaten you while you were pregnant? ☐ Yes ☐ No	Has the physical violence increased in frequency or severil	y over the past 6 months? ☐ Yes ☐ No
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, ma	itreatment or endangerment? Yes No	
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1		
Was DIR given to the Victim at the scene? ☐ Yes ☐ No if NO, Why:	Was Victim Rights Notice given to the Victim?	No if NO , Why:
Signatures:		
Reporting Officer (Print and Sign Include Rank and 10#) Kobal Lina Roll F 78 6685/648]	Supervisor (Print and Sign include Rank and ID#)	294/66/14
STATEMENT OF ALLEGA	ATIONS/SUPPORTING DEPOSITION	
* Officers are encouraged to assist the Victim in completing this section of the form.	CHOING BEI COMICIA	
Suspect Name (Last, First, M.I)		
	•	
[V	ictim/Deponent Name) state that on/	/, (Date)
	ation of incident) in the County/City/Town/Village	,
of the State of New York, the following	· · · · · · · · · · · · · · · · · · ·	
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	10801	
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() OUT		And the second s
False Statements made herein are punishable as a Clas		e additional page as needed) of the Penal Law.
/Ithim/Deronent Signature	Date /) Not	e: Page
15060 Kg P36085/60/1	3/8/18 Whether or	not this form 2
Vitness or Öfficer Signature	Date is signed, the will be filed	nis DIR Form Of
nterpreter Signature and Interpreter Service Provider Name	Enforcement	
nterpreter Requested Yes No Interpreter Used Yes No		
INTS DUMESTIC AND	D SEXUAL VIOLENCE HOTLINE 1-800-942-6906 3221- 03/2016 DCJS C	opyright © 2016 by NYS DCJS

Case 2:19 cv-02858-JMA-AIL	74719 Pagra4 9	Hage By 215
Reported Date (MMDD7777) Time (24 bours) Occurred Date (MMDD7777) Time (24 hours) Officer Initial 12 30 2018 755/1915 12 30 3018 755 Graph (NYC)	ted Se Radio Run □ Wal	k-in Complaint #
Address (Street No., Street Name, Bldg. No., Apt No.) 3. Q. W. I. L. L. I.A.M. STREET.	City State, Zip JEFFRA	SON STATION 11776
Name (Last, First, M.I.) (Include Aliases)	DOB (MM/DD/YYY) Age:	☐ Female 屎 Male
Address (Street No., Street Name, Bldg. No., Apt No.)	Victim Phone Number:	Self-Identified: Language:
32 WILLIAM STRRRT	(631)997-234Y	ENGC (SPF
PORT JEFFRISON STATION	White □ Black □ Asian □ American Indian □ Other	☐ Hispanic (Non Hispanic ☐Unknown
Total Control of the		☐ Other Identifier: Male
Name (Last, First, M.I.) (Include Aliases) P.R.C. So. J.R.S.S.I. A. A.	DOB MMODITY Age: 06 1841/85 33	☐ Self-Identified:
Address (Street No., Street Name, Bldg. No., Apt No.)		Language: ENGCIS 14
City State, Zip		☐ Hispanic Non Hispanic ☐Unknown
Po AT JEFANSON STATION NY 1/776. Do suspect and victim live Suspect/P2 present? Was suspect injured? □ Yes ATNO If yes describe:	☐ American Indian ☐ Other	□ Other Identifier: uspect supervised? □ Probation □ Parole
together? \square Yes \square No \square Yes \square %	- 1	□ Not Supervised 🙀 Status Unknown
Suspect (P2) Relationship to Victim (P1) Married Intimate Partner/Dating Formerly Married	conner Intimate Partner	Do the suspect and victim have a
☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative: ☐ Other: ☐ Other: ☐ Other: ☐ Child of Victim ☐ Relative: ☐ Crying ☐ Angry ☐ Other: ☐ Child of Victim ☐ Child of Victim ☐ Relative: ☐ Crying ☐ Angry ☐ Other: ☐ Child of Victim ☐ Relative: ☐ Crying ☐ Angry ☐ Other: ☐ Child of Victim ☐ Relative: ☐ Child of Victim ☐ Relative: ☐ Crying ☐ Angry ☐ Other: ☐ Child of Victim ☐ Relative: ☐ Crying ☐ Angry ☐ Other: ☐ Child of Victim ☐ Relative: ☐ Crying ☐ Angry ☐ Other: ☐ Child of Victim ☐ Relative: ☐ Crying ☐ Angry ☐ Other: ☐ Child of Victim ☐ Relative: ☐ Crying ☐ Angry ☐ Other: ☐ Child of Victim ☐ Relative: ☐ Crying ☐ Angry ☐ Other: ☐ Child of Victim ☐ Relative: ☐ Crying ☐ Angry ☐ Other: ☐ Child of Victim ☐ Relative: ☐ Crying ☐ Angry ☐ Other: ☐ Child of Victim ☐ Child of Victim ☐ Relative: ☐ Crying ☐ Angry ☐ Other: ☐ Child of Victim ☐ Child of Victim ☐ Relative: ☐ Crying ☐ Angry ☐ Other: ☐ Child of Victim		child in common? ▲ Yes □ No
	ant?	
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incid		4 YEAR
4 HAVE NO 1 DERT THY S	- , 00000	
Did suspect make victim fearful? ☐ Yes □ No If yes, describe:		
Weapon Used? ☐ Yes 🔼 No Gun: ☐ Yes 🔂 No Other, describe:	1 "	reats? Yes No If Yes, Threats to:
Access to Guns? ☐ Yes 🖎 No If yes, describe:	☐ Victim ☐ Other De	Child(ren)
		f Consciousness Urination/Defecation Breathing Changed Difficulty Swallowing
	irks? ☐ Yes ☐ No If yes, des	
What did the SUSPECT say (Before and After Arrest):		
710.30 completed? ☐ Yes ☐ No		· .
Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No., Name, Bldg./Ap	City, State, Zip	Phone:
Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness (2) Address (Street No., Name, Bldg./Ap		1775 Phone:
		-
		HIS VISITATION
LIGHTS TO HIS SON ABOUT LISTED WHICH		OLDRIRD FOR
RURRY OTHER DAY, P. ALSO STATES HE HA	NG PROBLEM	EN TALKEDTO HIS AND PROURSTRO
DOCUMBUTATION.	NO INDEREC	MI - FROMES (K)
JOENING JA MON.	W. W. C.	
	CE Legacia	COORTY POSILE DEPARTMENT
PISTOL LICEUS R CHRCK - NEGATIVE		
		TANKA SALAMAN
		Accessed the second
	Order of Protection in effect?	
Evidence Present? Photos taken: ☐ Victim Injury ☐ Suspect Injury Other Evidence: ☐ Damage ☐ Yes INO ☐ Other: ☐ Electronic Evidence ☐ Other	16	ruction of Property? Yes No s, Describe:
U Yes → No □ Other: □ Electronic Evidence □ Ot Offense Committed? □ Was suspect arrested? □ Yes ▼ No ○ Offense 1	Law (e.g. PL) Offense	
☐ Yes ☐ No If no, explain: VISI TATTON		
OLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL VIOLENCE H	OTI INE 1 200 942 5906 32	21-03/2016 DCJS Copyright © 2016 by NYS DCJS

Agency: Case 2:19-ov-02858-JMA-SILONDOcument 1-	1 Filed 05/44/4# Page 50 of 93 Page	Mサ#: 62 60子
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):		
VISITATION DISPUT	žS .	
If the Victim answers "yes" to any questions in this box refer to the NY	S Domestic and Sexual Violence Hotline at 1-800-942-	6906 or
Local Domestic Violence Service Provider: ()		
Has Suspect ever: Threatened to kill you or your children? ☐ Yes ဩ-No	Is suspect capable of killing you or children?	☐ Yes ♣️ No
Strangled or "choked" you?	Is suspect violently and constantly jealous of you? Has the physical violence increased in frequency or severil	Yes No
Beaten you while you were pregnant? ☐ Yes Ş⊒-No	. as the physical victories increased in nequency of seven	y over the past 6 months? ☐ Yes 冷 No
s there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreat	lment or endangerment? □ Yes 뮺 No	
f Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.		
Was DIR given to the Victim at the scene? □ Yes □ No if NO , Why:	Was Victim Rights Notice given to the Victim? → Yes □	No if NO , Why:
Signatures:	A 100 / 100	
Reporting Officer (Princand Sign Michael Rankand ID#)	Superisp (Print and Sign Include Rank and In#) 500000000000000000000000000000000000	
STATEMENT OF ALLEGATION	ONS/SUPPORTING DEPOSITION	
Officers are encouraged to assist the Victim in completing this section of the form.		
Suspect Name (Last, First, M.I)		
(Victir	n/Deponent Name) state that on /	/ , (Date)
	on of incident) in the County/City/Town/Village	
of the State of New York, the following of		
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	1969	- A. I
41	J w l	
(A)	0.503	
7/		
N. O		
Ealea Statementeensede herein ere muichelle ee e Olive		se additional page as needed
False Statements provide herein are punishable as a Class	A wisdemeanor, pursuant to section 210.4	o of the Penal Law.
ictim/Depoylent signature	Date , I	fe. Page
VIda 105340/610/5	12/30 /78 Whether o	r not this form <u>Q</u>
Vitness or Officer Signature	will be filed	
nterpreter Signature and Interpreter Service Provider Name	Enforceme	
nterpreter Requested ☐ Yes ☑ No **POLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SE		Convight © 2046 L. NVC DC IS
INTO DOMESTIC AND SE	3221- 03/2016 DCJS	Copyright © 2016 by NYS DCJS

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Address game to the control of the c		11 26 8 1838 CAD (NYC)	ted Mr Radio Run □ Walk	k-ik Complain# 7
Sear process on the time of the process of the pr		Address (Street No., Street Name, Bldg. No., Apt No.)	City, State, Zip FIRT, JEFFCERA) ४४ । निम्ने
Address place Later Late		Name (Last, First, M.I.) (Include Aliases)	DOB (MINDDITTY) Age:	▼ Female □ Male
The property of the property	mark	Address (Street No., Street Name, Bldg. No., Apt No.)	1:-71	Language:
Internation allow Other	S N	City State 7in	W hite □ Black □ Asian	
PERSO MILCHAEL 3 C. 3		How can we safely contact you? (i.e. Name, Phone, Email)	☐ American Indian ☐ Other	L
Address (agen Number) Addr		PERSO MICHAEL J.	13 76 X4 1341	☐ Self-Identified:
Spin_Zip	の表現	Address (Street No., Street Name, Bidg. No., Apt No.)	Suspect Phone Number: 631-997-2344	ENGLISH.
Do suspect and victim No Suspect Parester? Wes suspect Parester? Population Parole (nogline? Per No Suspect Parester Population Parole (nogline? Per No Parole (nogline? Per No Population Parole (nogline? Per Population Parole (nogline? Per No Population Parole (nogline? Per Population Parole (nogline?		City, State, Zip	White □ Black □ Asian	☐ Hispanic Non Hispanic ☐Unknown
Suspect (P2) Relationship to Victim (P1) Anderried Intimate Partner/Dating Formerly Married Former Intimate Partner Dot the suspect agal victim bave a child in common? Ves No Child of Victims? Child of Victims?		Do suspect and victim live Suspect/P2 present? Was suspect injured? Yes No If yes describe:	Possible drug or alcohol Su	uspect supervised? ☐ Probation ☐ Parole
Parcel of Victim (P1) Calif of Victim (P1	题.		1 74	
What were the first words that VICTIM said to the Responding Officers at the scene regarding the Incident? I RECEIVED AN E-MATL PROPERTY P		□ Parent of Victim (P1) □ Child of Victim □ Relative: □ □ Other:	□ romer intimate Partner	
Did suspect make victim foarful? ves Mo yes, describe:				
Did suspect make victim fearful? Yes No If yes, describe:			int? I RECEIV	ED AN E- MATE
Weapon Used? Yes No Gun: Yes No Other, describe:		I MUI UNO OF MITCHINED EMMIS ADDROVED!		
Access to Guns? Yes No If yes, describe:		Did suspect make victim fearful? ☐ Yes A No If yes, describe:		
Access to Guns? Yes MNo If yes, describe:			l l	<i>V</i>
Red eyes/Peterhia Gara Trival Breathing Changed Difficulty Swallowing Visible Marks? Ves No if yes, describe: Visible Visible Marks? Ves No if yes, describe: Visible Marks? Ves No if			☐ Other Des	scribe:
What did the SUSPECT Bay (Before and After Arrest): NOT AT \$\frac{1}{2} \) FUR TATERFECU. 710.30 completed? \(\text{ Yes} \) SAN Child/Witness (1) Name (Last, First, ML) \(\text{ DOB:} \) Child/Witness (1) Name (Last, First, ML) \(\text{ DOB:} \) Child/Witness (2) Name (Last, First, ML) \(\text{ DOB:} \) Child/Witness (2) Name (Last, First, ML) \(\text{ DOB:} \) Child/Witness (2) Name (Last, First, ML) \(\text{ DOB:} \) Child/Witness (2) Name (Last, First, ML) \(\text{ DOB:} \) Child/Witness (2) Name (Last, First, ML) \(\text{ DOB:} \) Child/Witness (2) Name (Last, First, ML) \(\text{ DOB:} \) Child/Witness (2) Name (Last, First, ML) \(\text{ DOB:} \) Child/Witness (2) Name, Bidg/App) (Gity, Stale, Zip \) Phone: Phone: Phone: Child/Witness (2) Name, Bidg/App) (Gity, Stale, Zip \) Phone: Child/Witness (2) Name, Bidg/App) (Gity, Stale, Zip \) Phone: Child/Witness (2) Name, Bidg/App) (Gity, Stale, Zip \) Phone: Child/Witness (2) Name, Bidg/App) (Gity, Stale, Zip \) Phone: Child/Witness (2) Name, Bidg/App) (Gity, Stale, Zip \) Phone: Child/Witness (2) Name, Bidg/App) (Gity, Stale, Zip \) Phone: Child/Witness (2) Name, Bidg/App) (Gity, Stale, Zip \) Phone: Child/Witness (2) Name, Bidg/App) (Gity, Stale, Zip \) Phone: Child/Witness (2) Name, Bidg/App) (Gity, Stale, Zip \) Phone: Child/Witness (2) Name, Bidg/App) (Gity, Stale, Zip \) Phone: Child/Witness (2) Name, Bidg/App) (Gity, Stale, Zip \) Phone: Child/Witness (2) Name, Bidg/App) (Gity, Stale, Zip \) Phone: Child/Witness (2) Name, Bidg/App) (Gity, Stale, Zip \) Child/Witness		In Dain 2 17 Year Male I Kwan daaariha:	s/Petechia 🗖 Sore Throat 🛛 E	Breathing Changed 🛭 Difficulty Swallowing
T10.30 completed? Yes MNO ChildWitness (1) Address (Street No., Name, Bldg Japt) City, Stale, Zip Phone: Pho		VISIDIE MAI		VIIVO,
Child/Witness (1) Name (Last First M.1) DOB: PERSO MICHAEL A 10-21-14 KATE CT. Child/Witness (2) Name (Last, First, M.1) DOB: Child/Witness (2) Name (Last, First, M.1) D	Spec			
PERSO PTICHAEL A 10-21-14 KATE CT. Child/Witness (2) Name (Last, First, M.I.) DOB:	2		Tolk out -	1
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FAMELY MEMBERS BECAUSE P(2) TO NOT GETTING VIDENTIAN OF HTS SON, P(1) BETCHES AND REPORTS THAT SITE HAS RECETIVED EMATS FROM P(2) FROM THIS EMATL THE PART. THES ART BY P(2) DOES VIDINTE P(1)'S ORDER OF PROTECTION FROM FAMELY COURT DOENET OF OFFICE 3-8 JUDGE GOGLAS EXPERSES 5-18-19. UNDERSTED CHECKED S(1) ADDRESS AT NO AUSWER. DIR Repository checked? MYes No Order of Protection Registry checked? MYes No Order of Protection in effect? MYes No Refrain MStay Away Evidence Present? Photos taken: Victim Injury Suspect Injury Other Evidence: Damaged Property Videos Destruction of Property? Yes VNO MYes No Offense Committed? Was suspect arrested? Yes No Offense 2 Offense Committed? Was suspect arrested? Yes No Offense 2 Law (e.g. PL) Offense Committed? Vas suspect arrested? Yes No Offense 2 Law (e.g. PL)	理の記	PMBUNDS DNOT 1 8865 @ Swail COM MHERE D(5)	TS FITTING V	TURNDA STEUZUA
EMATE TO THE PAST. THES ACT BY P(2) DOES UTDIATE R(1)'S ORDER OF PROJECTION. FROM RAPPLY COURT. DIRECT Q. OFFC23-8 JUDGE GOGLAS EXPERENS 5-18-9. UNDERSEAD CHECKED S(1) ADDRESS IF NO ANSWER. DIR Repository checked? A Yes No Order of Protection Registry checked? A Yes No Order of Protection in effect? Yes No Refrain Stay Away Evidence Present? Photos taken: Victim Injury Suspect Injury Other Evidence: Damaged Property Videos Destruction of Property? Yes No I Yes No Other: Electronic Evidence Other: If yes, Describe: Offense Committed? Was suspect arrested? Yes A No Offense 1 Offense Committed? If no, explain: CROPTURE CONTENT TANSTANTIANT	の対象が	FAMELY MEMBERS BECAUSE PCD IS NOT GETTENS	40 MICHALEGE	MIS SOW, P(1)
PROTECTION FROM FORMY COURT DOUBLE Q - OFFC 2.3 - 8 JUDGE GOGLAS EXPERCES 5-18-M. UNDEDGENO CHECKED S(1) ADDRESS ALO ANGUER DIR Repository checked? A Yes No Order of Protection Registry checked? A Yes No Order of Protection in effect? A Yes No Refrain A Stay Away Evidence Present? Photos taken: Victim Injury Suspect Injury Other Evidence: Damaged Property Videos If yes, Destruction of Property? Yes No If yes, Describe: Offense Committed? Was suspect arrested? Yes A No Offense 2 Law (e.g. PL) A Yes No Offense 2 Law (e.g. PL) CROSTURE CONTINENT AND FROMTOW				
DIR Repository checked? Yes No Order of Protection Registry checked? Al Yes No Order of Protection in effect? Yes No Refrain A Stay Away Evidence Present? Photos taken: Victim Injury Suspect Injury Other Evidence: Damaged Property Videos Destruction of Property? Yes No Offense Committed? Yes No Offense Committed? Was suspect arrested? Yes A No Offense 2 Law (e.g. PL) Yes No Offense 2 Law (e.g. PL)		PROJECTION. FROM FANTY COURT PORKET # Q-(27623-8 50	LAJOG GOGLAS
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Evidence Present? Photos taken: Victim Injury Suspect Injury Other Evidence: Damaged Property Videos If yes, Describe: Offense Committed? Was suspect arrested? Yes A No Offense 1 Section Offense 2 Law (e.g. PL) Offense Committed: If no, explain: Committed:	Section .		7	
☐ Yes ☐ No ☐ Other: ☐ Electronic Evidence ☐ Other: ☐ If yes, Describe: ☐ Offense Committed? ☐ Was suspect arrested? ☐ Yes ☐ No ☐ Offense 2 ☐ Law (e.g. PL) ☐ Yes ☐ No ☐ Other: ☐ Electronic Evidence ☐ Other: ☐ Law (e.g. PL) ☐ Yes ☐ No ☐ Other: ☐ Electronic Evidence ☐ Other: ☐ Law (e.g. PL) ☐ Yes ☐ No ☐ Other: ☐ Electronic Evidence ☐ Other: ☐ Law (e.g. PL) ☐ Yes ☐ No ☐ Other: ☐ Electronic Evidence ☐ Other: ☐ Law (e.g. PL) ☐ Yes ☐ No ☐ Other: ☐ Electronic Evidence ☐ Other: ☐ Law (e.g. PL) ☐ Yes ☐ No ☐ Other: ☐ Electronic Evidence ☐ Other: ☐ Law (e.g. PL) ☐ Yes ☐ No ☐ Other: ☐ Electronic Evidence ☐ Other: ☐ Law (e.g. PL) ☐ Yes ☐ No ☐ Other: ☐ Committed? ☐ Yes ☐ No ☐ Offense 2 ☐ Law (e.g. PL) ☐ Yes ☐ No ☐ Other: ☐ Committed? ☐ Yes ☐ No ☐ Other: ☐ Law (e.g. PL) ☐ Yes ☐ No ☐ Other: ☐ Committed? ☐ Yes ☐ No ☐ Other: ☐ Law (e.g. PL) ☐ Yes ☐ No ☐ Other: ☐ Committed? ☐ Yes	15.1			
MYes No If no, explain: 215.50 PL	EXE	☐ Yes ☐ No ☐ Other: ☐ Electronic Evidence ☐ Oth	٠. ا	/ '
CRIPTURZ CUNTEURT - MOSTAGRIAM	ella	Yes No If no, explain: 215, 50	Law (eg. PL) Offense 2	Law (e.g. PL)
TODA HOUSE DE LA CAMPILLA MANTE LA CONTRACTOR DE LA CONTR	3 1	CRITETURE CONTEMPT TAMBAGAMA	TI INE 1-800-042 6000	11-03/2016 DCJS Copyright © 2016 by N

Agency: Case 2:19-cv-02858-JIVIA-SIL DOIGHRENG	21 15 161. 05 161. 05 161. 05 161. 05 161. 05 161. 05 161. 05 161. 05 161. 05 161. 051. 051. 051. 051. 051. 051. 051. 05
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):	
Por American Order Par	LON POLKET #0-17621-17/17A
Proprior Comentes Clod (1316	HON BOCKET O TOOL THE
· New wo	
If the Victim answers "yes" to any questions in this box refer to the N	VE Domostic and Savual Violence Hotline at 1-800-942-6906 or
Local Domestic Violence Service Provider: ()	13 Dollestic and Jexual Violence Housing at 1 and a 12 and a
Has Suspect ever:	Is suspect capable of killing you or children?
Threatened to kill you or your children? Yes	Is suspect violently and constantly jealous of you?
Strangled or "choked" you?	Has the physical violence increased in frequency or severity over the past 6 months'
Beaten you while you were pregnant? ☐ Yes ☐ No	☐ Yes 🚉 No
nere reasonable cause to suspect a child may be the victim of abuse, neglect, maltrea es, the Officer must contact the NYS Child Abuse Hotline Registry#1-800-635-1522.	
s DIR given to the Victim at the scene? Yes D No if NO, Why:	Was Victim Rights Notice given to the Victim? ☐ Yes ☐ No if NO, Why:
ynatures;	
porting Officer (Print and Sign include Rank and ID#)	Supervisor (Print and Sign include Rank and ID#)
action foll hat the too his 13	
STATEMENT OF ALLEGATI	IONS/SUPPORTING DEPOSITION
fficers are encouraged to assist the Victim in completing this section of the form.	
spect Name (Last, First, M.I)	
1001, JUICE 6-12-83	
, p. min	im/Deponent Name) state that on <u>/o / a / a / a o i a</u> , (Dat
and the same of th	
	ion of incident) in the County/City/Town/Village
of the State of New York, the following	did occur: NY MARKE TESSICA PEROS (1)
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A JOSEMONT. T LINUING SIVING	enstructs has sono (Ministeriola)
1 P. Junety, The release Prince	TI DIMIENT EVERTHING TIME
	WISON. IDOM WANT TO MOVE OF
demostrately, mid is, it hopes	SCP W.M.
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False Statements made herein are punishable as a Class	(Use additional page as nees as A Misdemeanor, pursuant to section 210.45 of the Penal La
(11/1/2)	s A Misdemeanor, pursuant to section 210.45 of the Penal La
False Statements made herein are punishable as a Class	S A Misdemeanor, pursuant to section 210.45 of the Penal La
ictim/Deponent signature Math Vauhr 570/(1)	S A Misdemeanor, pursuant to section 210.45 of the Penal La Value
11111	S A Misdemeanor, pursuant to section 210.45 of the Penal La Note: Whether or not this form is signed this DIR Form
ictim/Deponent Signature //itness or Officer Signature Iterpreter Signature and Interpreter Service Provider Name	S A Misdemeanor, pursuant to section 210.45 of the Penal La Columbia Col
terpreter Signature and Interpreter Service Provider Name terpreter Requested Yes No Interpreter Used Yes	S A Misdemeanor, pursuant to section 210.45 of the Penal La Value

Casa 2/10 av (02858-JMAASILDOMES	New York State	384 4/10 Dage	Incident#	124337
Case 4.19-CV-C	hours) Occurred Date (Myporm) Ti	ime (24 hours) Officer Initia	ated	Walk-in Complaint #	14
17 104	6 10 Midul	800 IGAD (NYC)	-City State Zip		/ - / -
Address (Street Name, Bldg. No., Ar	pt No.)		TOCTOCTFO	GON, NY	
I. CALCALA					*** ***
					e 6
Name/(Last, First, M.I.) (Include Aliases)			DOB (MINDONYYY) OGG AG	e:	
1 XETZSO, JESSICA			Suspect Phone Number:	Language:	
Address (Street No., Street Name, Bldg. No., A	Apt No.)		631-591-002	Asian Hispanic Won His	nanic Ollakarum
City/ State, Zip			White Black A	Other Other Identifier.	spanic Donasowii
LOSTA VIVITADO	<u> </u>	D Voc D'No If yes describe			Probation Parole
	t/P2 present? Was suspect injured?	1 Tes 2 No il yes describ	use? Yes No	☐ Not Supervised ☐	the second secon
	D/No	or/Deting T Formerly Marries		Do the suspect and	victim have a
Suspect (P2) Relationship to Vict ☐ Parent of Victim (P1) ☐ Child of	tim (P1),☑ Married ☐ Intimate Partn f Victim ☐ Relative:	er/Dating ☐ Formerly Marriet ☐ Othe		child in common?	☐ Yes ☐ No
	Upset ☐ Nervous ☐ Crying ☐ Ar	ngry D Other:			
			dent? 1. WANT	MYSON	
What were the first words that VIC	TIM said to the Responding Officers	at the scene regarding the moi			
	And the second s				and the second s
	No If you describe:				7 K
Did suspect make victim fearful?			Suspe	ct Threats? 🗆 Yes 🖻 No 🏻 II	Yes, Threats to:
	o Gun: ☐ Yes ☐ No Other, describe			tim ☐ Child(ren) ☐ Pet ☐ : ner Describe:	Commit Suicide
Access to Guns? 🗆 Yes 📈 No		Ctrongui	ation 2 D Vos D No D L	oss of Consciousness Urir	nation/Defecation
Injured? I Yes I No If yes, d		——— ∏ Red e	ves/Petechia 🛚 Sore Throa	at 🔲 Breathing Changed 🖂	Difficulty Swallowing
In Pain? ☐ Yes Æ No If yes, o		Visible I	Marks? Yes No If yes	s, describe:	
What did the SUSPECT say (Before	e and After Arrest):				
iad y					
710.30 completed? ☐ Yes ☐ No					
		in comment	(1) VII TUI	EN WG CUER	
Briefly describe the circumstance	is of this incident: 1 5 A	snoyer with	12 NUI 10	\	
ABOUTECHIED	FOR UISITATION.				
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				- Annual Control of the Control of t	4
\$				4	4
SVISIOL LICENSE,	NEGATIVE				
SGT ALFIBRION	NEGATIVE SENE				
			1	10 d Van Cilla d Data	in □ Stay Away
DIR Repository checked? 🗹 Ye	es ☐ No Order of Protection Regi	stry checked? 🛛 Yes 🗀 No		ect? Yes No Refra	☐ Yes ☑ No
Evidence Present? Photos take	en: 🗆 Victim Injury 🗆 Suspect Injur	y Other Evidence: ☐ Dama		Destruction of Property? If yes, Describe:	LI LES YEL INU
Evidence Present? Photos take	· · · · · · · · · · · · · · · · · · ·	☐ Electronic Evidence ☐		ffense 2	Law (e.g. PL)
多97 章		Offense 1	Law (e.g. PL)		
☐ Yes ☑ No If no.	o, explain: NO OFFIERSE				
VICTIM / COMPLAINANT COPY	NYS DO	MESTIC AND SEXUAL VIOLENC	E HOTLINE 1-800-942-6906	3221-03/2016 DCJS Copyrig	ght © 2016 by NYS DC

Agency: Case 2:19-cv-02858-JMA FIL DOMESTIC INCIDENT REPO	4/19 Page 5	Incident # 4 of 93 Page D # 66759
Reported Date () Time (24 hours) Occurred Date (MODDAYYY) Time (24 hours) Officer Initial	ated PRadio Run D V	Valk-in Complaint #
10 124 2017 1157 10126 2017 1260 CICAD (NYC)	10" 0" 1 7"	605
Address (Street No., Street Name, Bldg. No., Apt No.)	Farmingu	W. NY 11779
		· ·
	IDOD Ago	: │□\Female □ Male
Name (Last, First, M.I.) (Include Aliases)	DOB (MMODYYYY) Age	
Address (Street No., Street Name, Blog. No., Apt No.)	Suspect Phone Number:	Language:
2 Kah Ct	□ White □ Black □ As	ian Hispanic Knon Hispanic Unknown
City, State, Zip	☐ American Indian ☐ Ot	her Other Identifier:
Do suspect and victim live Suspect/P2 present? Was suspect injured? Yes Tho If yes describ	e: Possible drug or alcohol	Suspect supervised? ☐ Probation ☐ Parole
together ? 🗆 Yes 🗖 No 💆 Yes 🗆 No	use? □ Yes □ No	Not Supervised ☐ Status Unknown Do the suspect and victim have a
Suspect (P2) Relationship to Victim (P1) ☐ Married ☐ Intimate Partner/Dating ☐ Formerly Married ☐ Othe	d ∐ Former Intimate Partner r:	child in common? 🚨 Yes 🗆 No
Emotional condition of VICTIM? Upset Nervous Crying Angry Other:		
What were the first words that VICTIM said to the Responding Officers at the scene regarding the inc	dent?	
I just want to see my KA to		
Did suspect make victim fearful? Yes Did suspect make victim fearful? Yes Did suspect make victim fearful?		The state of the s
Weapon Used? ☐ Yes ☐ No Other, describe:	Suspect	Threats? ☐ Yes ☐No If Yes, Threats to: □ ☐ Child(ren) ☐ Pet ☐ Commit Suicide
Access to Guns? ☐ Yes ☐ No If yes, describe:	☐ Other	r Describe:
Strangul	ation? □ Yes □\no □ Los ves/Petechia □ Sore-Throat	s of Consciousness □ Urination/Defecation □ Breathing Changed □ Difficulty Swallowing
Injured? ☐ Yes ☐ No If yes, describe: Strangul	ation? □ Yes D\no □ Los yes/Petechia □ Sore-Throat Marks? □ Yes D\no If yes,	☐ Breathing Changed ☐ Difficulty Swallowing
Injured? Yes No If yes, describe: Strangul Red e Visible What did the SUSPECT say (Before and After Arrest):	yes/Petechia ☐ Şore-Throat	☐ Breathing Changed ☐ Difficulty Swallowing
Injured? ☐ Yes ☐ No If yes, describe: In Pain? ☐ Yes ☐ No If yes, describe: Strangul ☐ Red e Visible I	yes/Petechia ☐ Şore-Throat	☐ Breathing Changed ☐ Difficulty Swallowing
Injured? Yes No If yes, describe: Strangul Red e Visible What did the SUSPECT say (Before and After Arrest):	yes/Petechia ☐ Şore-Throat	☐ Breathing Changed ☐ Difficulty Swallowing
Injured? Yes No If yes, describe: In Pain? Yes No If yes, describe: What did the SUSPECT say (Before and After Arrest): What did the SUSPECT say (Before and After Arrest):	yes/Petechia ☐ Şore-Throat	☐ Breathing Changed ☐ Difficulty Swallowing
Injured? Yes No If yes, describe: Strangul Red e Visible What did the SUSPECT say (Before and After Arrest):	yes/Petechia ☐ Şore-Throat	☐ Breathing Changed ☐ Difficulty Swallowing
Injured? Yes No If yes, describe: Strangul Red e Visible What did the SUSPECT say (Before and After Arrest):	yes/Petechia ☐ Şore-Throat	☐ Breathing Changed ☐ Difficulty Swallowing
Injured? Yes No If yes, describe: Strangul Red e Visible ! What did the SUSPECT say (Before and After Arrest): 710.30 completed? Yes No	yes/Petechia □ Sore-Throat Marks? □ Yes □ No If yes,	☐ Breathing Changed ☐ Difficulty Swallowing describe:
Injured? Yes No If yes, describe: Strangul Red e Visible What did the SUSPECT say (Before and After Arrest): 710.30 completed? Yes No	yes/Petechia ☐ Şore-Throat	☐ Breathing Changed ☐ Difficulty Swallowing describe:
Injured? Yes No If yes, describe: Red e Visible	yes/Petechia □ Sore-Throat Marks? □ Yes □ No If yes,	□ Breathing Changed □ Difficulty Swallowing describe:
Injured? Yes No If yes, describe: Red e Visible	yes/Petechia □ Sore-Throat Marks? □ Yes □ No If yes,	Breathing Changed Difficulty Swallowing describe:
Injured? Yes No If yes, describe: Red e Visible ! What did the SUSPECT say (Before and After Arrest):	yes/Petechia Sore-Throat Marks? Yes Sho If yes, Ince assirtance of The file Visital Sore of the second se	Breathing Changed Difficulty Swallowing describe:
Injured? Yes No If yes, describe: Red e Visible ! What did the SUSPECT say (Before and After Arrest):	Nice Ossidance of Charles of Char	Breathing Changed Difficulty Swallowing describe:
Injured? Yes KNo If yes, describe: Grade Grade	Nice Ossidance of Charles of Char	Breathing Changed Difficulty Swallowing describe:
Injured? Yes KNo If yes, describe: Grant Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the SUSPECT say (Before and After Arrest): Red e Visible Mat did the Suspect say (Before and After Arrest): Red e Visible Mat did the Suspect say (Before and Afte	Nice Ossidance of Charles of Char	Breathing Changed Difficulty Swallowing describe:
Injured? Yes No If yes, describe: Red e Visible ! What did the SUSPECT say (Before and After Arrest):	Nice Ossidance of Charles of Char	Breathing Changed Difficulty Swallowing describe:
Injured? Yes KNo If yes, describe: Grade Grade	Nice Ossidance of Charles of Char	Breathing Changed Difficulty Swallowing describe:
Injured? Yes KNo If yes, describe: Grade Grade	Nice Ossidance of Charles of Char	Breathing Changed Difficulty Swallowing describe:
Injured? Yes KNo If yes, describe: Grade Grade	July and amend	Breathing Changed Difficulty Swallowing describe: Top Purson 7 N Sunday Ollow, Sand States Current oxder Yuding Acquilise
Injured? Yes XNo If yes, describe:	Ves/Petechia Sore-Throat Marks? Yes Sho If yes, In a Chega I was And amend I const Chick Order of Protection in effect?	Breathing Changed Difficulty Swallowing describe:
Injured? Yes No If yes, describe:	yes/Petechia Sore-Throat Marks? Yes Dino If yes, In Control In C	Breathing Changed Difficulty Swallowing describe:
Injured? Yes No If yes, describe: Strangul Red e Visible What did the SUSPECT say (Before and After Arrest):	yes/Petechia Sore-Throat Marks? Yes Sho If yes, If Control Visit In the Control And amend Order of Protection in effect? ged Property Videos Other:	Breathing Changed Difficulty Swallowing describe:
Injured? Yes No If yes, describe:	yes/Petechia Sore-Throat Marks? Yes Pino If yes, If SIMANCE 1 If SIMAN	Breathing Changed Difficulty Swallowing describe:

Agency: Case 2719 cv-02858-JMA-SIL Document 1-1	Filed 057947 19 Page 53 gr 93 Page 1 2 # 67
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):	1/6/17 FIXING OFFRER OF PROTECTION
IN COST) G / FIXING CHARLE . THE RECTION
If the Victim answers "yes" to any questions in this box refer to the NYS D	
Has Suspect ever:	Is suspect capable of killing you or children? ☐ Yes, ☐ No
Threatened to kill you or your children? Yes No	Is suspect violently and constantly jealous of you?
Strangled or "choked" you? ☐ Yes ☐ No	Has the physical violence increased in frequency or severity over the past 6 months?
Beaten you while you were pregnant? ☐ Yes ☐ No	☐ Yes ☐ No
is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatmen	t or endangerment? Yes No
f Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.	
Was DIR given to the Victim at the scene? ☐ Yes ☐ No if NO, Why:	Was Victim Rights Notice given to the Victim? ☐ Yes ☐ No if NO, Why:
Signatures:	
Signatures: Reporting Offices (Print and Sign Include Rank and ID#)	Supervisor (Print and Sign include Rank and ID#)
XO 1458 1 2060321610/1	
STATEMENT OF ALLEGATION	S/SUPPORTING DEPOSITION
* Officers are encouraged to assist the Victim in completing this section of the form.	
Suspect Name (Last, First, M.I) XXXSO/ JESSICA 6/12	186
	Deponent Name) state that on 10 1 241 2017, (Date) of incident) in the County/City/Town/Village
of the State of New York, the following did	occur.
TON FORM XHOU KEEKEY	ace (ISTIATION OFFICE
My WIFE, JEST OF HOUSO 6/14/85, MG	KED HIM UP NO I COULDANT
XE 1711M	
	(Use additional page as needed
False Statements made herein are punishable as a Class A	Misdemeanor, pursuant to section 210.45 of the Penal Law.
	Date Note: Page
Victim/Deponent Signature	Date Note: Whether or not this form
"Iness of Officer Signature	is signed, this DIR Form
V	will be filed with Lew 2
and Interpreter Service Provider Name	Date
Yes No Interpreter Used ☐ Yes No	AL VIOLENCE HOTLINE 1-800-942-6906 3221- 03/2016 DCJS Copyright © 2016 by NYS DCJS

Agency: Sase 1.19-cv-02858-JMA-BILOR Document 1-1	Filed 05/19/19 Page 56 of 93	Page #: 68
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):	10080-	
7/17/17-Vicilation orders		
11/11/17 - Visitation exchange 11/11/17 - order of profestion was von	aled and instricted	
my in the contraction of how how	Chros 1 104 Audious C.	
If the Victim answers "yes" to any questions in this box refer to the NYS Down Local Domestic Violence Service Provider: ()	omestic and Sexual Violence Hotline at 1-80	0-942-6906 or
Has Suspect ever:	Is suspect capable of killing you or children?	☐ Yes No
Threatened to kill you or your children? ☐ Yes ☐ No	Is suspect violently and constantly jealous of you?	Yes 🗆 No
Strangled or "choked" you?	Has the physical violence increased in frequency o	r severity over the past 6 months?
Beaten you while you were pregnant? ☐ Yes ☐ No		☐ Yes No
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maitreatment	or endangerment? No	
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.		
Was DIR given to the Victim at the scene? ☐ Yes ☐ No if NO , Why:	Was Victim Rights Notice given to the Victim?	es □ No if NO , Why:
Signatures:		
Reporting Officer (Print and Sign include Rank and ID#)	Supervisor (Print and Sign Include Rank and ID#)	.1 1
Kobert King Knowt / B USS/60/1	1 Syrota Caren Sot. 12	94/66/4
STATEMENT OF ALLEGATIONS	S/SUPPORTING DEPOSITION	
* Officers are encouraged to assist the Victim in completing this section of the form.		
Suspect Name (Last, First, M.I) FEVSO, MICHAE!		
1 Terso, Jessica (Victim/D	eponent Name) state that on <u>03</u> /	08/2018 , (Date)
	f incident) in the County/City/Town/V	
of the State of New York, the following did	A 1	1 oclock today
I get up a visitation exchange with M	ichae ('s Ather who is	Ha long
1 (1.5.4 × 1 + 1.7.4)		
		nouse cut 5 oclock
March of Cost, Microsoft (10/2//1) III WAR		Ham
have his son today but Michiel Perso 13	e did attempt to let Mi	The 200 124 89)
NS 800 LD	LODGE LOS LOS LOS LES LE	are pick
	Notice to the state of the stat	(Use additional page as needed)
False Statements made herein are punishable as a Class A N	lisdemeanor, pursuant to section	210.45 of the Penal Law.
Victim/Deponent Signature Da	ate)	Note: Page
Kokut Kg Po 6685/616/1	I-V-I-I-V	ether or not this form 2
Witness or Officer Signature / // Da		gned, this DIR Form Of Of
Interpreter Signature and Interpreter Service Provider Name	Enfo	orcement. 2
Interpreter Requested ☐ Yes Ø No Interpreter Used ☐ Yes Ø No	ate	
POLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL	VIOLENCE HOTLINE 1-800-942-6906 3221- 03/20	6 DCJS Copyright © 2016 by NYS DCJS

	Agency. 9-cv-02858-JMA-SL PLAN ASTURY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF T	Filed 85	ORI: 190800	57000	Incident#	2364
	Reported Date (MM0007777) Time (24 hours) Occurred Date (MM0007777) Time (24 hours) C 3 68 2618 721 C	Officer Initia: ICAD (NYC)	ted Radio Run	□ Walk-in	Complaint#	7
	Address (Street No., Street Name, Bldg. No., Apt No.)		City State, Zip	(35)A		
	Name (Last, First, M.I.) (Include Aliases) Terso, Jessica		DOB (MANDDOTTY) 66 12 1985	Age: F	emale	
	Address (Street No., Street Name, Bldg. No., Apt No.)	· · · · · · · · · · · · · · · · · · ·	05 112 1985	Lang	uage: ENG	
	City, State, Zip Tort Teccerson. NY 11777	<u> </u>			ISPANIC Mon Hisp	ania (Tila)
	Fort Telleron Nº 1777		White □ Black □ □ American Indian □	Other		Danic Lionknown
	Name (Last, First, M.I.) (Include Aliases)		DOB (MM/DO/YYY) 63 26 1984		ther Identifier: emale Male	
	Tevst, Michael Address (Street No., Street Name, Bldg. No., Apt No.)		63 25 1989 Suspect Phone Number	35 □ S : Lang	elf-Identified: uage:	
	32 William St	<u> </u>	516-517-95		ENG.	
	Port Jefreron Station NY 11776		₩hite □ Black □ □ American Indian □	Other 🗆 C	spanic	panic LlUnknowr
3	Do suspect and victim live Suspect/P2 present? Was suspect injured? ☐ Yes Stroot if y	yes describe:	1	د ا	t supervised? 🛭 P	
	together ? ☐ Yes ☑ No ☐ Yes ☑ No ☐ Suspect (P2) Relationship to Victim (P1) ☑ Married ☐ Intimate Partner/Dating ☐ Form		use? 🗆 Yes 🎞 Yo	r •	Supervised So the suspect and v	
	□ Parent of Victim (P1) □ Child of Victim □ Relative:	nerly Married Other:_	LJ Former Intimate Partr	~!	ild in common?	
	Emotional condition of VICTIM? □ Upset □ Nervous □ Crying □ Angr y Other:	ALM				
	What we're the first words that VICTIM said to the Responding Officers at the scene regard	ding the incide	ent?			
el vil	"He never-shaved up"					
n) (ii)	Did suspect make victim fearful? ☐ Yes ☐ No If yes, describe:	. W. 1				
	Weapon Used? ☐ Yes ☑ No Gun: ☐ Yes ☑ No Other, describe:		Susp	ect Threats?	☐ Yest☐ No If`	Yes, Threats to:
	Access to Guns? ☐ Yes ☐ No If yes, describe:			ctim Child	(ren) □ Pet □ C :	ommit Suicide
	Injured? ☐ Yes ☑ No If yes, describe:		on? Yes No			
	In Pain? ☐ Yes ☑ No If yes, describe:		s/Petechia 🗌 Sore Thro rks? 🛘 Yes 🗖 No If y		ing Changed ∐ D	ifficulty Swallowing
) eef	What did the SUSPECT say (Before and After Arrest):					
376	710.30 completed? ☐ Yes ☑ No				764-766-770-17	
10	Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No., N	Name, Bldg./Apt)	City, State, Zip		Р	hone:
esse	Perso, Michael 10/21/14 / Kate CT		KH JEFF,	NY 1/-	777	
MILE	Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness(2) Address (Street No., N	vame, Bidg./Apt)	City, State, Zip		P	hone:
	Briefly describe the circumstances of this incident: Trepods that Pr	R Bail	is of sough	ck u	o Ci tod	cu
	at 5 o'clack in which there was an agreer	nest w	ith 725 ded	was	joing to b	
	there as well for the supervised visit. Pr repor	ts that	P2" 3id not 8	<u>ى تىھەلا</u>	p to se	
	C. P. is requesting police documentation because		, - , ,			2.1
	B See C, P, wants downentation to proof a			1		1000
	they there was an agreement topick i, up a now should up and that he usually shows,		limself to Div	S TIVE	P2's doc	= Ann
	in order of a so that the arrested suppose	Py	militar 10 Pil	rup	-1	<u>▼</u> 100 × 1
	* Pistol Check-negative					
	J					
			and an of District American	-10 CT 1/ C		
	DIR Repository checked? Yes No Order of Protection Registry checked? Yes Evidence Present? Photos taken: Uvictim Injury Suspect Injury Other Evidence:		Property 11 Videos	1		☐ Stay Away ☐ Yes No
EVIC	☐ Yes No ☐ Other: ☐ Vicinit injury ☐ Suspect minutes Evidence. ☐ ☐ Other: ☐ ☐ Electronic Evi			If yes, Desc		L 100 E 140
esu	Offense Committed? Was suspect arrested? ☐ Yes No Offense 1 ☐ Yes No If no, explain: Vi5; Jahlon		Law (e.g. PL)	fense 2		Law (e.g. PL)
Orren	Il tio, exhiain: 4(2)+403(0)	· · · · · · · · · · · · · · · · · · ·				
POI	ICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL	. VIOLENCE HO	TLINE 1-800-942-6906	3221-03/2	016 DCJS Copyright	© 2016 by NYS DCJ

Case(2/10-cv-02858-JMA-S)L Domestic New Yorks	Page 158 My Page 1D # 3700 20
Reported Date (MNDD7777) Time (24 hours) Occurred Date (MNDD7777) Time (24 hours) C Z Z Z J J J J Z Z Z Z Z Z Z Z Z Z Z Z	Officer Initiated Radio Run Walk-in Complaint#
Address (Street No., Street Name, Bldg, No., Apt No.)	City, State, Zip
Name (Last, First, M.L.) (Include Aliases) VEVIC , MICLAGE	DOB (MMODITY) Age: Gremate J Male 3 76 84 33 Green Self-Identified:
Address (Street No., Street Name, Bldg. No., Apt No.)	Victim Phone Number: Language:
City, State, Zip Wind. Tefferion, Station, NY, 1127?	516 512 7177 English White □ Black □ Asian □ Hispanic □ Non Hispanic □ Unkr
1073. (18947)W. SMINT. (07. 11.27.	☐ American Indian ☐ Other ☐ Other Identifier:
Name (Last, First, M.I.) (Include Aliases) PECLA , JESSICA	DOB (MM/DDMYY) Age: Age: Self-Identified:
Address (Street No., Street Name, Bldg. No., Apt No.)	Language: English
City, State, Zip	
P(IA) Jeffence MY 110.76. Do suspect and victim live Suspect/P2 present? Was suspect injured? □ Yes 및 No If ye	s describe: Possible drug or alcohol Suspect supervised? ☐ Probation ☐ P
together? □ Yes Àn No □ Yes ⊅h No	use? ☐ Yes Ano ☐ Not Supervised ☐ Status Unknow
Suspect (P2) Relationship to Victim (P1 AMarried ☐ Infimate Partner/Dating AForme☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative:	rly Married ☐ Former Intimate Partner Do the suspect and victim have a child in common? ♣ Yes ☐ No
Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry (C)	ilm
What were the first words that VICTIM said to the Responding Officers at the scene regarding. She danted my Virulah	
Did suspect make victim fearful? ☐ Yes 🕅 No If yes, describe:	To the state of th
Weapon Used? ☐ Yes 🔀 No Gun: ☐ Yes ☐ No Other, describe:	Suspect Threats? ☐ Yes XINO If Yes, Threats t ☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide
Access to Guns? ☐ Yes 💆 No If yes, describe:	Other Describe:
Injured? ☐ Yes ❷ No If yes, describe: In Pain? ☐ Yes ❷ No If yes, describe:	Strangulation? ☐ Yes 🗷 No ☐ Loss of Consciousness ☐ Urination/Defecation ☐ Red eyes/Petechia ☐ Sore Throat ☐ Breathing Changed ☐ Difficulty Swall
What did the SUSPECT say (Before and After Arrest):	Visible Marks? ☐ Yes Ø No If yes, describe:
710.30 completed? ☐ Yes X No	
Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness (1) Address (Street No., Na Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness (2) Address (Street No., Na Child/Witness (2) Address (Street No., Na Child/Witness (2) Address (Street No., Na Child/Witness (3) Address (3)	last Jeff Ja WY 11777 -
Briefly describe the circumstances of this incident: 1) (CPC/4) MM and Visifahan of their child CI and	on today, date Pl ha
refued virieties. Pl want police	e documentation for court
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permit. Neg ciders of protect	VGO,
	A CONTRACTOR OF THE PARTY OF TH
	63.50
DIR Repository checked? ☑ Yes □ No Order of Protection Registry checked? ☑ Yes	s □ No Order of Protection in effect? □ Yes → No □ Refrain □ Stay Aw
The state of the s	☐ Damaged Property ☐ Videos Destruction of Property? ☐ Yes ☐ N
Evidence Present? Photos taken: U Victim Injury U Suspect Injury Other Evidence:	☐ Damaged Property ☐ Videos Destruction of Property? ☐ Yes ☐ N

	Agency: Case 2)19-cv-02858-JMA-SIL OR Document 1-1	Filed 05	/1ci4/11 #9	Page 59 of	93 Pagei #: 71
	Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):	3	1-18-	135070	93 Page 10 #: 71
	Visitatran dispute				
				THE RESIDENCE OF SECURITION OF SECURITION	has some dendersom mendelsen elimine minige stop pages — makke opp y gang mende hat alle elimines and alle pages and an eliminate state of the state
Sign					The add a charactery of the state of the sta
HIST			AND THE PERSON NAMED IN COLUMN		
Prilor	If the Victim answers "yes" to any questions in this box refer to the NYS Local Domestic Violence Service Provider: ()	omestic and	d Sexual Vio	lence Hotline at 1	-800-942-6906 or
	Has Suspect ever:				
	Threatened to kill you or your children? Yes No			g you or children?	☐ Yes ♣ No
	Strangled or "choked" you?			nstantly jealous of you	
	Beaten you while you were pregnant? Yes You No	rias trie priy	Sical violetice	increased in frequenc	y or severity over the past 6 months?
ls t	here reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatmer		10 [])	4	☐ YesNo
lf Y	es, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.	it or endangen	ment? L. Yes	No No	
_	s DIR given to the Victim at the scene? 从Yes □ No if NO, Why:	Was Victim I	Pights Notice o	ilyon to the Matina	Yes □ No if NO , Why:
		VVGS VICEITI	ragins nouce g	given to the victim?	±Cyres ⊔ No if NO, Why:
Sig	natures;	<u> </u>		20	
• .	oorting Officer (Print and Sign include Rank and ID#)	Supprvisor (Print and Sign in add	le Rank and 10#)	111201/
	Midrael Gazelli + RUG397/610/2	Mon	no V	/ Shedy	11150(4142
	STATEMENT OF ALL TO A TON				
_	STATEMENT OF ALLEGATION	S/SUPPOI	RTING DE	POSITION	
	fficers are encouraged to assist the Victim in completing this section of the form.				
Sι	spect Name (Last, First, M.I)				
-					
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ra	alse Statements made herein are punishable as a Class A M	isdemean		ant to section	210.45 of the Penal Law.
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Inter	preter Signature and Interpreter Service Provider Name	to.		En	forcement.
	25 CODY CO.			L	
	DE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL	VIOLENCE HOT	LINE 1-800-942	2-6906 3221-03/20	116 DCJS Copyright © 2016 by NYS DCJS

Case 2:19-cv-02858-JMA-SIL Document 1-1 Filed 05/14/19 Page 60 of 93 PageID #: 72

	A DOMESTIC INCIDENT REPOR		Incident # 17~627759
10 124 201 1157 12	urred Date AMADDAYYY Time (24 hours) O Officer Initiate O 26 2017 120 O ICAD (NYC)	ed	Complaint#
ddress (Street No., Street Nanie, Bldg. No., Apt No.)		FacMingul	
Name (Last, First, M.I.) (Include Aliases) Address (Street No., Street Name, Bldg. No., Apt No.)		DOB IMMODITYM Age: 12 1985 32 Suspect Phone Number:	☐\Female ☐ Male ☐ Self-Identified: Language:
1 Kalt CI		D White □ Black □ Asia □ American Indian □ Oth	n ☐ Hispanic ☐ Non Hispanic ☐ Unknot er ☐ Other Identifier:
logether? □ Yes □ No □ Yes □ No	Was suspect injured? ☐ Yes ☐\No If yes describe:	Possible drug or alcohol use? ☐ Yes ☐ No	Suspect supervised? Probation Park Not Supervised Status Unknown Do the suspect and victim have a
☐ Parent of Victim (P1) ☐ Child of Victim ☐ Re		☐ Former Intimate Partner	child in common?
Emotional condition of VICTIM? Upset N			
What were the first words that VICTIM said to the	ne Responding Officers at the scene regarding the incide	lary	
Did suspect make victim fearful? ☐ Yes ☐ No Gun: ☐ Yes ☐ No Gun: ☐ Yes	s 🗆 No Other, describe:	Suspect Uvictim	
Access to Guns? ☐ Yes ☐ No If yes, describe: In Pain? ☐ Yes ☐ No If yes, describe:	Strangulat ☐ Red eye	iona II vos III loss	of Consciousness ☐ Urination/Defecation☐ Breathing Changed ☐ Difficulty Swallov
What did the SUSPECT say (Before and After Arrest)	No Arast		
710.30 completed? ☐ Yes ☐(Ño		er seg	in a superior of the superior
Briefly describe the circumstances of this incided by the circumstances of t	ent: Person I requests for pro 5, 1021-19. Person 2 re pro 1, 100 person I deni pro 1, 100 person I deni proprint court to try 2 cm committed fisher lagran on scenc.	ce oserment to fraid variation I on a mence of the contract	PICLE OF CHAR From Pelson I n Junday October s and States Current order yuding Augustic
Briefly describe the circumstances of this incidence of the circumstances of the circumsta	150 J. 1021 19. ROON 2 10	FULL VILLES IN A PROPERTY CHICAGO IN CHICAGO IN CHICAGO IN CHICAGO IN CHICAGO IN CONTRACTOR IN CONTR	Trom Person ! n sunday October. s and Stutes Curgant oxder yulling Assalts

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Time	(24, hours) Occurred Date IMATE	my Time (24 hours) 🗆 Officer I	nitiated 🖸 Radio Run 🔲 V	Valk-in Complaint it.	
dress (Stress Street Name, Bidg. No		7/ // 1900 (C 1000)	City, State, Zip		
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arme/(Last, First, M.I.) (Include Aliases)			DOB NAMEDONY OF AGE	☐ Female ☐ Male	
111/50 06500	<i>f</i>		Suspect Phone Number:	Language:	
ddress (Street No., Street Name, Blog. I	No., Apt No.)		631-591-202	sian Hispanic Non Hispani	c 🗆 Unknow
ity? State, Zip			☐ American Indian ☐ O	ther L. Other Identifier.	3.8
PONT DEXTERY	Was suspect	injured? Yes No If yes description		Suspect supervised? Prob	
ا استان کسید در سید	Vac TVNa	* * * * * * * * * * * * * * * * * * * *	1 7777	□ Not Supervised □ Statu	
,90		ate Partner/Dating ☐ Formerly Ma	rried Former Intimate Partner	child in common?	
Parent of Victim (P1) Chi	id of Victim 🖂 Relative:	and the first property of the second	/IIIV		
	College Colleg	ing Angry Other:		11.150.1	
What were the first words that	VICTIM said to the Responding	Officers at the scene regarding the	incident?	MY SUNS	
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and the state of the second section of the section of the second section of the section of the section of the second section of the sec					
Did suspect make victim fearfu	ul? ☐ Yes ,☐ No If yes, descri	be:	Suspec	ot Threats? ☐ Yes ☑ No If Ye	s, Threats to:
Weapon Used? ☐ Yes ☐	No Gun: ☐ Yes ☐ No Other,	describe:	Uict	im ☐ Child(ren) ☐ Pet ☐ Con er Describe:	nmit Suicide
Access to Guns? ☐ Yes [2				10 James O Uringtio	n/Defecation
Injured? Yes / No If yo		a m b	ngulation? □ Yes ☑ No □ Lo ed eyes/Petechia ቯ Sore Throa ble Marks? □ Yes ☑ No If yes	[[] Diegning Girdiage == =	iculty Swallov
In Pain? ☐ Yes Æ No If y	roe describe:	Visi	ble Marks? Yes W No if yes	s, describe.	The second secon
What did the SUSPECT say (and the particular and a state A man and described as the state of the		
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	(Before and After Arrest):				
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What did the SUSPECT say (710.30 completed? ☐ Yes,	(Before and After Arrest):				Ź
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What did the SUSPECT say (710.30 completed? ☐ Yes,	(Before and After Arrest):				
What did the SUSPECT say (710.30 completed? ☐ Yes,	(Before and After Arrest):				
What did the SUSPECT say (710.30 completed? ☐ Yes, ☐ Briefly describe the circumst. AFOUE CILL	Before and After Arrest): A A	S ANNOYOD WI			
The suspect say of the suspect	ances of this incident: The USITATIO	S ANNOYOD WI			
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The suspect say of the suspect	ances of this incident: The Contract of the co	S ANDYOD W.	TH 12 NGT TO	IN IN GOUCK	□ Stay Aw
The suspect say of the suspect	(Before and After Arrest): A A A A A A A A A A A A A A A A A A A	S ANNOYOD W. I	No Order of Protection in effect	ZN IN GOLGE Pact 7 Pes No Page Refrain	-
The suspect say of the suspect	(Before and After Arrest): A A A A A A A A A A A A A A A A A A A	ction Registry checked? Yes [spect Injury] Other Evidence:	No Order of Protection in effection and the Damaged Property ☐ Videos	ZN IN GOLGE Pact 7 Pes No Page Refrain	□ Stay Aw
Briefly describe the circumstrate of the circ	ances of this incident: A large of this inci	ction Registry checked? Spect Injury Other Evidence:	No Order of Protection in effection in effe	EN IN G OUCK act? Yes No A Refrain Destruction of Property?	-
Briefly describe the circumstrate of the circ	ances of this incident: The U.S. TATION When the staken: Victim Injury Su	ction Registry checked? Spect Injury Other Evidence: Electronic Evidence No Offense 1	No Order of Protection in effection in effe	EN IN G OUCK Sect 7: Yes I No I Refrain Destruction of Property? If yes, Describe:	□ Yes, ☑ N

Case 2:19-cv-02858-JMA-SIL Document 1-1 Filed 05/14/19 Page 62 of 93 PageID #: 74

Agency. A DOMESTIC INCII	rk State DENT REPORT	4,2453
Reported Date (WCD07777) Time (24 hours) Occurred Date (WCD077777) Time (24 hours) Occurred Date (WCD0777777777777777777777777777777777777	☐ Officer Initiated ☐ Radio Run ☐ Walk-in Complaint #	14
Address (Street No., Street Name, Bldg. No., Apl No.)	City, State, Zip	
1. KATE, CT.	TOGETHERMAN	
	,	
Name (Last, First, M.), (Include Aliases)	DOB www.pyrvy Age:	
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1. EME. C		isnanic DUnko
City; State, Zip	☐ American Indian ☐ Other ☐ Other Identifier:	Spanie Conki
Do suspect and victim live Suspect/P2 present? Was suspect injured? □ Yes □ No	If yes describe: Possible drug or alcohol Suspect supervised? □	Probation ☐ Pa
together? ☐ Yes, ☐ No ☐ Yes ☐ No	use? □ Yes □ No □ Not Supervised □□	
Suspect (P2) Relationship to Victim (P1), ☑ Married ☐ Intimate Partner/Dating ☐ F☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative:	ormerly Married ☐ Former Intimate Partner Do the suspect and child in common?	
Emotional condition of VICTIM? ☑ Upset ☐ Nervous ☐ Crying ☐ Angry ☐ Other:		
What were the first words that VICTIM said to the Responding Officers at the scene re	parding the incident? 1. WANT MYSON	
Did suspect make victim fearful? ☐ Yes ˌĆi No If yes, describe:	Suspect Threats? ☐ Yes. ☐ No. II	Mae Throata to
Weapon Used? ☐ Yes ☐ No Gun: ☐ Yes ☐ No Other, describe:	Suspect Tirreats? ☐ Yes ☐ No II	
Access to Guns? Tyes Molf yes, describe:	Other Describe;	
Injured? 🗆 Yes 🔎 No If yes, describe:	Strangulation? ☐ Yes ☑ No ☐ Loss of Consciousness ☐ Urin ☐ Red eyes/Petechia ☐ Sore Throat ☐ Breathing Changed ☐	
In Doie 2.1.1 Voc. 1.1 No. If you describe:	I Thou by obit brooking the bost of throat the brooking of the same	
In Pain? ☐ Yes .☐ No. If yes, describe:	Visible Marks? ☐ Yes ☑ No If yes, describe:	
What did the SUSPECT say (Before and After Arrest):		
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What did the SUSPECT say (Before and After Arrest):		
What did the SUSPECT say (Before and After Arrest):		
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What did the SUSPECT say (Before and After Arrest): / / / A	Visible Marks? ☐ Yes ☑ No If yes, describe:	
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What did the SUSPECT say (Before and After Arrest): \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Visible Marks? ☐ Yes ☑ No If yes, describe:	
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What did the SUSPECT say (Before and After Arrest): \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Visible Marks? ☐ Yes ☑ No If yes, describe:	
What did the SUSPECT say (Before and After Arrest): \(\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Visible Marks? ☐ Yes ☑ No If yes, describe:	
What did the SUSPECT say (Before and After Arrest): \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes No Order of Protection in effect? Yes No Property?	
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What did the SUSPECT say (Before and After Arrest): \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes \(\) No \(\) Order of Protection in effect? \(\) Yes \(\) No \(\) Refrain Destruction of Property?	□ Stay Away

Reported Date (9 -cv-028 5		JAE DE		EVIDERE PLOE	14/19 Pa			8-17	536
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City, State, Zip		FF STA	Their				☐ American Indian	□ Other	☐ Other Ider	ntifier:	
Do suspect and	d victim live	Suspect/P2 pres	sent? Was	suspect injured	? □ Yes □ No	If yes describe:	Possible drug or alco	1			obation Parole
together ? D Y	∕es∌el No	□ Yes 🖽 No					use? ☐ Yes ☐ No				atus Unknown
Suspect (P2)	Relationshir	to Victim (P1)	☐ Married 1	☐ Intimate Par	tner/Dating Fo	rmerly Married	☐ Former Intimate Par	tner		-	ctim have a
☐ Parent of Vi	ictim (P1)	Child of Victim [☐ Relative:			Other:			child in co	mmon?	Yes No
Emotional con	dition of VIC	rim? ☐ Upset	□ Nervous	☐ Crying ☐	Angry 🗆 Other:	CALM					
					s at the scene reg	arding the incide	ent?				
what were the	ie ilist words	ulat vio i ini ouid									
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Did	- aka viatim fe	earful? Yes	No if yes	describe:							
		s □ No Gun: [he.						es, Threats to:
								Victim ☐ Other De		Pet 🗆 Co	ommit Suicide
		S □ No If yes,				Strongulat	ion2 🗆 Yes 🗆 No 🖺	l oss of	Consciousne	ss 🗆 Urina	tion/Defecation
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Describe Victim's prior domestic incidents with this suspect (Last, Worst, Fir	rst):	
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If the Victim answers "yes" to any questions in this box refer to the	e NYS Domestic and Sexual Violence Hotline at 1-800-942-6	906 or
Local Domestic Violence Service Provider:		
Has Suspect ever:	Is suspect capable of killing you or children?	☐ Yes ☐ No
Threatened to kill you or your children? ☐ Yes ☐ Ño	Is suspect violently and constantly jealous of you?	☐ Yes ☐ No
Strangled or "choked" you?	Has the physical violence increased in frequency or seventy	over the past 6 months?
Beaten you while you were pregnant? Yes No		☐ Yes ☐ No
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there reasonable cause to suspect a child may be the victim of abuse, neglect, ma		
Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-15		
as DIR given to the Victim at the scene?	Was Victim Rights Notice given to the Victim? ☐ Yes ☐	No if NO, Why:
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	Describe Victim's prior domestic incidents with		197 170 117		
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Prior	If the Victim answers "yes" to any question Local Domestic Violence Service Provider:		omestic and Sexual Violence Hotline	it 1-800-942-6906 or	
	Has Suspect ever:		Is suspect capable of killing you or children	? ☐ Yes	□ No
~	Threatened to kill you or your children? ☐ Yes ☐	-No	Is suspect violently and constantly jealous of	f you?	□ No
	Strangled or "choked" you?	≻No	Has the physical violence increased in frequ		
	Beaten you while you were pregnant? Yes	No		☐ Yes	⊡ No
ls t	here reasonable cause to suspect a child may be the	victim of abuse, neglect, maltreatmen	t or endangerment? Yes No		
lf Y	es, the Officer must contact the NYS Child Abuse Ho	tline Registry # 1-800-635-1522.			
Wa	s DIR given to the Victim at the scene? Yes	No if NO, Why:	Was Victim Rights Notice given to the Victin	n? 🖸 Yes 🛘 No if NO , Why:	
Sig	gnatures:			_	
Rep	DOTTING Officer (Print and Sign Include Rank and ID#)		Supervisor (Print and Sign include Rank and ID#)		
	STATE	EMENT OF ALLEGATION	S/SUPPORTING DEPOSITION		
* c	Officers are encouraged to assist the Victim in comple	ting this section of the form.			
Sı	uspect Name (Last, First, M.I)				
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- at			eponent Name) state that on		
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-	of the State of N	lew York, the following ala	occur:		
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F	alse Statements made herein are p	ounishable as a Class A N	Misdemeanor, pursuant to sec	tion 210.45 of the Pen	al Law.
Vic	tim/Deponent Signature			Note:	Page
``	2 Vist. R. 534 - 12021	5	1/18/18	Whether or not this form	-5-
l	neśś or Officer Signature	Da	ate	is signed, this DIR Form will be filed with Law Enforcement.	Of st
	erpreter Signature and Interpreter Service Provider Na		ate		
FILLE	rpreter Requested Yes No Interpreter Used		VIOLENCE HOTLINE 1-800-942-6806 3221		

	Agency: Case 2.19-CV-02858-JMA-SIL DOCUIT	TIC INCIDENT REPOR	/14/19 Page 6 !T	O OI 93 Pangaenu #	·18 13455
Incident	Reported Date (MANODOTTY) Time (24 hours) Occurred Date (MANODOTTY) Time	e (24 hours) Officer Initiate 7 / 5 DICAD (NYC)	ed Radio Run 🗆	Walk-in Complaint#	
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			000	To Male	
	Name (Last, First, M.1.) (Include Aliases)		DOB NIMBORY AS	☐ Self-Identified:	
٦	Address (Street No., Street Name, Bldg. No., Apt No.)		Suspect Phone Number:	Language: Dingli	بلأ
pect (P2)	City, State, Zip			sian Hispanic Non His	panic DUnknown
eds	Do suspect and victim live Suspect/P2 present? Was suspect injured?	Yes Ci. No If yes describe:	☐ American Indian ☐ ☐ ☐ Possible drug or alcohol	Suspect supervised?	robation Parcle
Sus	together? ☐ Yes ☐ No ☐ Yes ☐ No	, ,	use? ☐ Yes ☐No	Not Supervised S	
	Suspect (P2) Relationship to Victim (P1) Amarried Intimate Partner/		☐ Former Intimate Partner	Do the suspect and	
L	□ Parent of Victim (P1) □ Child of Victim □ Relative:			child in common? [2⊬Yes ∐ No
	Emotional condition of VICTIM?				
<u>₩</u>	What were the first words that VICTIM said to the Responding Officers at the	he scene regarding the incider		·Vi	
Interview	3,000		<u> </u>	· · ·	· · · · · · · · · · · · · · · · · · ·
	Did suspect make victim fearful? ☐ Yes ☐ No If yes, describe:				-
Victim	Weapon Used? ☐ Yes ☐ No Gun: ☐ Yes ☐ No Other, describe:			t Threats? ☐ Yes ☐KNo If m ☐ Child(ren) ☐ Pet ☐ C	**
	Access to Guns? ☐ Yes ☑ No If yes, describe:			r Describe:	onana Suicide
	Injured? Yes A No If yes, describe:			ss of Consciousness Uring Breathing Changed C	
-	In Pain? Yes No If yes, describe: What did the SUSPECT say (Before and After Arrest):	Visible Mar	ks? ☐ Yes ☑ No If yes,	describe:	
pect	NIA		· · · · · · · · · · · · · · · · · · ·	· .	
Sus	710.30 completed?	· · · · · · · · · · · · · · · · · · ·			
	Briefly describe the circumstances of this incident: P ((χ)	to PZi Cithi	of who is	project to	सम्ब (।
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	DIR Repository checked? 这Yes 口 No Order of Protection Registry c	hecked? They I No Or	der of Protection in effect?	☐ Yes ☐ No ☐ Refrain	☐ Stay Away
٦		her Evidence: Damaged F			☐ Stay Away
Evid	☐ Yes ☐ No ☐ Other: ☐	Electronic Evidence Other		yes, Describe:	
Offense	Offense Committed? Was suspect arrested? ☐ Yes ☐ No Offen ☐ Yes ☐ No If no, explain:	se 1	.aw (e.g. PL) Offens	se 2	Law (e.g. PL)
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I VIC	TIM / COMPLAINANT COPY NYS DOMESTI	IC AND SEXUAL VIOLENCE HOT	LINE 1-800-942-6906	3221-03/2016 DCJS Copyright @	2016 by NVS DC IS

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S()() Describe Victim's prior domestic incidents with this su	USPECT (Last, Worst, First):	17, 7 11, 6751 7	6 1600
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If the Victim answers "yes" to any questions in the Local Domestic Violence Service Provider: (is box refer to the NYS D	omestic and Sexual Violence Hotline	at 1-800-942-6906 or
Has Suspect ever:		Is suspect capable of killing you or children	n? ☐ Yes ☐ No
Threatened to kill you or your children? ☐ Yes ☐ No		Is suspect violently and constantly jealous	of you? ☐ Yes ☐ No
Strangled or "choked" you?		Has the physical violence increased in free	quency or severity over the past 6 months?
Beaten you while you were pregnant? ☐ Yes ☐ No		1	☐ Yes ☐ No
Is there reasonable cause to suspect a child may be the victim of	f abuse, neglect, maltreatment	t or endangerment? Yes No.	
If Yes, the Officer must contact the NYS Child Abuse Hotline Reg	•		
Was DIR given to the Victim at the scene? ☐ Yes ☐ No if NO		Was Victim Rights Notice given to the Victin	m? Dyes D No if NO, Why:
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* Officers are encouraged to assist the Victim in completing this	section of the form.		
Suspect Name (Last, First, M.I)			
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False Statements made herein are punish	nable as a Class A N	risgemeanor, pursuant to sec	ction 210.45 of the Penal Law.
Violim/Donosont Sini-shi	describition of \$1. N. Salakino - She Assault - She al	37 12 118	Metri
Victim/Deponent Signature	Da	ate / /	Note:
Witness or Officer Signature		7 17 15	Whether or not this form is signed, this DIR Form
Witness or Officer Signature	Da	nu i l	will be filed with Law Of
Interpreter Signature and Interpreter Service Provider Name			Enforcement.
Interpreter Requested ☐ Yes ☐ No Interpreter Used ☐ Yes	□ No Da	ate	
VICTIM / COMPLAINANT COPY	NYS DOMESTIC AND SEXUAL	VIOLENCE HOTLINE 1-800-942-6906 322	1-03/2016 DCJS Copyright © 2016 by NYS DCJS

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7.	Name (Last, First, M.I.) (Include Alia	ses)					DOB nounomm	Age:	E Female ☐ Ma ☐ Self-Identified:	ale
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et (City, State, Zip	NTIC C		•						
nsbe	Do suspect and victim live	Suspect/P2 preser	nt? Was sus	pect injure	d? □ Yes □ No If	yes describe:	Possible drug or ald			☐ Probation ☐ Parole
S	together ? □ Yes ;⊡ No	□ Yes→⊡ No	-				use? □ Yes □ No) [Not Supervised	☐ Status Unknown
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	☐ Parent of Victim (P1) ☐					Other:			child in commor	n? (☐ Yes ☐ No
•	Emotional condition of VICT				<u>`</u>	TALIA				
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Š	Weapon Used? ☐ Yes	☐ No Gun: ☐ Y	'es □ No Otl	her, descrit	De:			-		☐ If Yes, Threats to:
3.7	Access to Guns? ☐ Yes		scribe:		_ <u></u> .	<u>;</u>		Other De	scribe:	
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_		(\/ictim	n/Deponent Name) state that o	n /	, (1	Date
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at		Locatio	n of incident) in the County/Cit	ty/Town/Villa	ıge	
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F	False Statements made herein are punis	hable as a Class	A Misdemeanor, pursuant to	section 21		
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ic	ctim/Deponent Signature		Date //		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Page
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				Enforce		,
ıt	terpreter Signature and Interpreter Service Provider Name	: 🗆 No	Date	L		<u> </u>
	**•• r Requested □ Yes □ No Interpreter Used □ Yes ** AINANT COPY		KUAL VIOLENCE HOTLINE 1-800-942-6906	3221- 03/2016 D	CJS Copyright © 2016 by N	YS DC
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Agency: Case 2:19)-ev-02858-JM/		ocument 1-1	Filed 05/hdidbhd#9	Page 70 c	of 93 <mark> Caag al #</mark> :	82
	`)	В			<u> </u>	<u> </u>	
Describe Victim's prior	domestic incidents wit	n this suspect	(Last, Worst, First):				
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if the Victim answers	"yes" to any question nce Service Provider:	ns in this box ()	c reter to the NYS	Domestic and Sexual V	iolence notline a	1 1-800-942-0900 01	
"uspect ever:				Is suspect capable of kil	ling you or children?		Yes □ No
	your children? Yes	Ńo		Is suspect violently and	constantly jealous of	f you?	Yes 🗇 No
hoked" yo		,		Has the physical violence	e increased in frequ	ency or severity over the	east 6 months?
₃ you we	ere pregnant? Yes	Ńo					l Yes ☐ Ño
` <u></u>				tdengerment? [] V	as Dáis		
` to	•			nent or endangerment? Y	es in 140		
	t the NYS Child Abuse Ho						
	scene? TYes	No if NO, Why	r:	Was Victim Rights Notic	e given to the Victim	n? □ Yes □ No if NO, V	Why:
	id (D#)	<i>:</i>		Supervisor (Print and Sign in	clude Rank and ID#)		
	<u> </u>	<u>'/</u> .	<u></u>				
	e with		- 41 4 - 10	NO/OURRORTING I	SERGOITION		
	SIAII	EMENI OF	- ALLEGATIC	NS/SUPPORTING L	DEPOSITION		
Officers are encouraged to	assist the Victim in comple	ting this section	n of the form.				
Suspect Name (Lest, Fi	rst, M.I)				•		
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			(VICUIT	/Deponent Name) st	ate that on	/ <i>-</i> _/	, (Date)
at			(Locatio	n of incident) in the C	county/City/To	wn/Village	
	of the State of N	lew York, t	the following d	id occur:			
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False Statements	made herein are i	punishable	e as a Class A	Misdemeanor, pu	suant to sec	tion 210.45 of the	Penal Law
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ictim/Deponent Signature	Say Josh			Date		Note:	Page
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nterpreter Signature and Inte	rpreter Service Provider N	ame		Date		Enforcement.	2
Interpreter Signature and Interpreter Signat	☑ No Interpreter Used	☐ Yes ☐ N	0	Date			
		NYS	DOMESTIC AND SEX	UAL VIOLENCE HOTLINE 1-80	0-942-6906 3221	- 03/2016 DCJS Copyright ©	2016 by NYS DCJS

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Agency: B	1. Filed Official 19 Page 71 of 9	<u> 1 605 </u>
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):		
Pry Ome 16 Order Poster	1. 1. 1. 11 . 1.	
15 y LAME ICO WINE (1) CO	JA 120 ACT 70 1701	21-1-11-11
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ST.		
If the Victim answers "yes" to any questions in this box refer to the NYS Local Domestic Violence Service Provider: ()	Domestic and Sexual Violence Hotline at 1-8	300-942-6906 or
	le cuencat canable of Lilli-	☐ Yes ☐; No
Has Suspect ever:	Is suspect capable of killing you or children?	· · · · · · · · · · · · · · · · · · ·
Threatened to kill you or your children? Yes No	Is suspect violently and constantly jealous of you?	•
Strangled or "choked" you?	Has the physical violence increased in frequency	
Beaten you while you were pregnant? ☐ Yes ☐; Ño		☐ Yes ᠒-No
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment	ient or endangerment? ☐ Yes -A_No	
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.		
Was DIR given to the Victim at the scene? ☐ Yes ☐ No if NO, Why:	Was Victim Rights Notice given to the Victim?	-Yes ☐ No if NO, Why:
	1	
Signatures:		
Reporting Officer (Print and Sign include Rank and ID#)	Supervisor (Print and Sign include Rank and ID#)	
The Composite that the transfer is		
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' STATEMENT OF ALLEGATIO	NS/SUPPORTING DEPOSITION	
* Officers are encouraged to assist the Victim in completing this section of the form.		
Suspect Name (Last, First, M.I)	•	
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(Victim	/Deponent Name) state that on	// (Date)
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at	A Misdemeanor, pursuant to section	// (Use additional page as needed 210.45 of the Penal Law.
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ent	Reported Date (MMD07777) Time (24 hours) Occurred Date (MMD07777) Time (24 hours)	Officer Initiat	ted □{Radio Run □ Wal	IK-III Complaint#
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	Name of the state		DOB (AMPONTY) Age:	☐;Female ☐ Male
33	Name (Last, First, M.I.) (Include Aliases)	<u></u>	6 12 14.5 32	☐ Self-Identified:
遙	Address (Street No., Street Name, Bldg. No., Apt No.)		Suspect Phone Number:	Language:
[P2	City, State, Zip	 	☐; White ☐ Black ☐ Asian	☐ Hispanic ☐KÑon Hispanic ☐Unknown
Suspect (P2)	ter for the form in the Miller of the contract	ne dosc-t-	☐ American Indian ☐ Other	Other Identifier: Suspect supervised? Probation Parole
Sus	Do suspect and victim live Suspect/P2 present? Was suspect injured? ☐ Yes ☐ No ☐ Yes ☐ Yes ☐ No ☐ Yes ☐ Yes ☐ No ☐ Yes ☐ Ye	oo uesciiDe:	1	Not Supervised
	Suspect (P2) Relationship to Victim (P1) ☐ Married ☐ Intimate Partner/Dating ☐ Forme	erly Married	☐ Former Intimate Partner	Do the suspect and victim have a
	□ Parent of Victim (P1) □ Child of Victim □ Relative:	Cther:		child in common? ☐;Ýes ☐ No
П	Emotional condition of VICTIM? Upset I Nervous I Crying I Angry L Other:	2/1/2		
	What were the first words that VICTIM said to the Responding Officers at the scene regard			
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Victim Interview	Did suspect make victim fearful? ☐ Yes ☐ No If yes, describe:		Summed The	reats? ☐ Yes ☐र्No If Yes, Threats to:
5	Weapon Used? ☐ Yes ☐ No Other, describe:		───── □ Victim □	Child(ren) Pet Commit Suicide
	Access to Guns? Yes CKNo If yes, describe:	64	☐ Other De	escribe:
	Injured? ☐ Yes ☐ No If yes, describe: In Pain? ☐ Yes ☐ No If yes, describe:	☐ Red eyes	s/Petechia 🛘 Sore Throat 🗖 🛭	f Consciousness ☐ Urination/Defecation Breathing Changed ☐ Difficulty Swallowing
	In Pain? Li Yes Li', No If yes, describe: What did the SUSPECT say (Before and After Arrest):	Visible Mar	rks? ☐ Yes ☐XNo If yes, des	cribe:
bect	Wildt did the SUSPECT Say (Belore and Alter Arest).			
Susp	710.30 completed? ☐ Yes ☐{Ño			
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9			<u> 1981 (1987)</u>		ICAD (NYC)	City, State, Zip			/		
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	Name (Last, First, M.I.) (Include Alia	8303)		_		DOB navoomm	Age:	☐- Female ☐ Self-Ide	entified:		
	Address (Street No., Street Name,	Bidg. No., Apt No.)		 	•	Suspect Phone Nun	nber:	Language:	ge:		
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20ct					<u> </u>	☐ American Indian	Other	r ☐ Other lo	dentifier: _		
Sus	Do suspect and victim live		Was suspect injur	red? □ Yes ⊡ Ño If ye	es describe:	Possible drug or ald use? ☐ Yes ☐ No	20,101			pation D Parole	
-	together ? ☐ Yes ☐ No	☐ Yes ☐.No		adac-ID-P FT =	hely 84cmi			•	rvised State Suspect and viction		
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Victim Interview	Did suspect make victim fe	arful? ☐ Yes ☐ No	If yes, describe:								
Zig.	Weapon Used? ☐ Yes	: □-Ño Gun: □ Yes	☐ No Other, descr	ribe:					es ☐ No If Yes		
	Access to Guns? ☐ Yes	No If yes, describ	ре:				Other De		☐ Pet ☐ Con	MINIT SUICIDE	
	Injured? ☐ Yes ☐-No	If yes, describe:			Strangulation	on? ☐ Yes ☐ No	□ Loss o	f Consciousn	ness 🗆 Urinatio	n/Defecation	
15	In Pain? ☐ Yes ☐ No	If yes, describe:			☐ Red eyes Visible Mar	yes/Petechia □ Sore Throat □ Breathing Changed □ Difficulty Swallowin Marks? □ Yes ⊡ Ño If yes, describe:					
: 3	What did the SUSPECT sa	ay (Before and After Arrest):									
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-		her: Was suspect arrested	? 🗆 Yes 🗀 No	☐ Electronic Evid Offense 1		er: Law (e.g. PL)	Offense 2	, Describe:	1,	_aw (e.g. PL)	
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Incident	Reported Date (MANDORTH) Time (24 hours) Occurred Date (MANDORTH) Occ	rs) Officer Initiate	ed Radio Run (☐ Walk-in	Complaint#	, 2.				
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	Name (Last, FirstyM.I.) (Include Aliases) TE (S) CAA		DOB RUMODITITY 85 A		Female Male Male Mele Mele					
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(P2)	I KUTE CT		リルド E White Black ロ			anic Munknown				
ect (City, State, Zip PORT JEFFERSON N/		☐ American Indian ☐							
Suspect	Do suspect and victim live Suspect/P2 present? Was suspect injured? ☐ Yes ☐ No	o If yes describe:	Possible drug or alcoho		ect supervised? Pro					
"	together ? □ Yes ☑ No □ Yes ⇨ No		use? □ Yes ☑ No		lot Supervised					
	Suspect (P2) Relationship to Victim (P1) ☐ Married ☐ Intimate Partner/Dating ☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative:	Formerly Married 2	Former Intimate Partne	.,	•					
\vdash	Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry ☐ Other									
	What were the first words that VICTIM said to the Responding Officers at the scene re	<u></u>	nt?							
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Victim Interview	Did suspect make victim fearful? ☐ Yes ☐ No If yes, describe:									
Vic	Weapon Used? ☐ Yes ☐ No Gun: ☐ Yes ☐ No Other, describe:		1 '		s? ☐ Yes ☐ No If Yo ild(ren) ☐ Pet ☐ Co					
•	Access to Guns? ☐ Yes ☐ No If yes, describe:			ner Descri						
	Injured? Yes No If yes, describe:		on? ☐ Yes ☐ No ☐ L Petechia ☐ Sore Throa							
	In Pain? Yes No If yes, describe:		ks? ☐ Yes ☐ No If ye	s, describe	e:					
ect	What did the SUSPECT say (Before and After Arrest):	SCENE								
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	Briefly describe the circumstances of this incident:	10115 11	50NHUL	<u> </u>	1 ATTHER V	<u> </u>				
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nclaent	Reported Date (MANODERM) Time (24 hours) Occurred Date	(MANDERTY) Time (24 hours)			□ Walk-i	in Complaint#	
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4	Name (Lest, First, M.I.) (Include Aliases)			DOB (MADDITY) 85	Age: [☐ Female ☐ Male ☐ Self-Identified:	
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oct (P2)	City, State, Zip	·		☐ White ☐ Black ☐ ☐ American Indian ☐		☐ Hispanic ☐ Non Hisp	anic UUnknown
spe	Do suspect and victim live Suspect/P2 present? Was susp	pect injured? ☐ Yes ☐ No If	yes describe:	Possible drug or alcoh		spect supervised? Pr	obation Parole
Su	together? ☐ Yes ☐ No ☐ Yes ☐ No		•	use? ☐ Yes ⊡:No	· .	Not Supervised ☐ St	
	Suspect (P2) Relationship to Victim (P1) America In	ntimate Partner/Dating Form	nerly Married	I Former Intimate Part	ner	Do the suspect and vi	ctim have a
	☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative:		Other:			child in common?	Yes □ No
	Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ 0	Crying ☐ Angry ☐ Other:	e lun				
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I m	Did suspect make victim fearful? ☐ Yes ☐ No If yes, des	scribe:					
Victi	Weapon Used? ☐ Yes ☐ No Gun: ☐ Yes ☐ No Oth	ner, describe:		1 '	-	ats?	
	Access to Guns? Yes No If yes, describe:				Other Desc	child(ren) 🗆 Pet 🗆 Co ribe:	mmit Suicide
	Injured? ☐ Yes ☐ No If yes, describe:					onsciousness Urinal	
3	In Pain? ☐ Yes ☑ No If yes, describe:			ks? ☐ Yes ☐ No If		eathing Changed Dibe:	riculty Swallowing
्र	What did the SUSPECT say (Before and After Arrest):	.[]			: · · .		
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Su	710.30 completed? ☐ Yes ☐ No						
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	Briefly describe the circumstances of this incident:			the first the second	<u> </u>	At Harris	
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Incident Narrative			1864 (1864) 1864)	*, * *	9617 to 1	17 (* 	(' 161
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	DIR Repository checked? ☐ Yes ☐ No Order of Prote	ection Registry checked?	es 🗆 No Or	der of Protection in effe	ect? 🗆 Yes	s ⊡∶No □ Refrain	☐ Stay Away
Ţ	Evidence Present? Photos taken: U Victim Injury U Sus			Property ☐ Videos			Yes. □ No
Evid	☐ Yes ☐ No ☐ Other:	☐ Electronic Evid			If yes, D		*···
nse	Offense Committed? Was suspect arrested? ☐ Yes	□ No Offense 1		Law (e.g. PL)	ffense 2		Law (e.g. PL)
Offen	☐ Yes ☐ No If no, explain:						
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	Agency:	3V-02030-3 N	A	New York ESTIC INCIDEN	State NT PEPORT	14/19 Page	6 01 93	rage U # -50	337
Ļ	Reported Date (MANDOWNY) Time	(24, hours) Occurre	d Date (Mypormy	Time (24 hours)			/aik-in	Complaint #	`]
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7	Address (Street No., Street Name, Bldg. N	Vo., Apt No.)				ity, State, Zip	CN.N.	/	
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à l	150 7550	<u> P</u>		· · · · · · · · · · · · · · · · · · ·		Suspect Phone Number.	Language	ž	
	Address (Street No., Street Name, Bldg.	No., Apt No.)			<u>}</u>	(231-591-2021	ENG	nic ÇI∕Non Hispanic □l	Inkama
4	City, State, Zip		 			□-White □ Black □ Asi □ American Indian □ Ot			
	1604 BY 164	20~	Man evenact injure	d? □ Yes □ No If		Possible drug or alcohol	Suspect sup	pervised? Probation] Parole
	Do suspect and victim live Sustogether? 🗆 Yes 🖆 No	Yes D'No	vas suspect injure	ייי פוו בקנטו ביי		use? ☐ Yes ☐ No	☐ Not Sup	ervised 🚨 Status Unki	nown
	Suspect (P2) Relationship to		od □ Intimate Pa	rtner/Dating D Form	nerly Married	Former Intimate Partner		suspect and victim have	
	Suspect (P2) Relationship to the Parent of Victim (P1) Chil	id of Victim ☐ Relati	ve:		Other:		child in	n common?	No
+	Emotional condition of VICTIM?	? ☑ Upset ☐ Nerv	ous Crying C	Angry D Other:					
	What were the first words that	VICTIM said to the [Responding Office	rs at the scene regar	ding the incident	FI WANT A	1.150		
å	AAUSt Mete file liest Mords mer	VIOTIM Bala to the	tooponianing annual						
S				•		and the second state of the second se			
E E	Did suspect make victim fearfu	ul? ☐ Yes ,☐ No !f	yes, describe:						
	Weapon Used? ☐ Yes ☐			be:		Suspect	Threats?	Yes □ No If Yes, Threa) □ Pet □ Commit Su	ats to:
	Access to Guns? Yes						Describe:) [] Pet [] Commit Su	ioue
	Injured? Yes No If ye		<u> </u>		Strangulatio	n? ☐ Yes ☑ No ☐ Los	s of Consciou	sness Urination/Defe	cation
	In Pain? Yes No If y				☐ Red eyes/ Visible Mark	Petechia 🗓 Sore Throat (s? 🗆 Yes 🗹 No If yes.	☐ Breathing describe:	Changed Li Difficulty S	wanowing
	What did the SUSPECT say (6		JIA.			, , , , , , , , , , , , , , , , , , ,			
ect		´-	<u></u>						
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	Briefly describe the circumsta	inces of this incident:	T	MAYOD	101715	12 NOT TUE	VIVE	LER	
	Briefly describe the circumsta	nces of this incident	TATION	MW/07_	WITH.	12 NOT TOR	VIVGO	LER	
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	DIR Repository checked?	Yes □ No Ordotaken: □ Victim Inju	er of Protection Re	egistry checked? ☑ ury Other Evidence	Yes □ No O	rder of Protection in effect Property □ Videos I	. Yes □ N	o , ☑ Refrain □ Sta f Property? □ Yes,	
	DIR Repository checked? Evidence Present? Photos of Yes No Other Offense Committed?	Yes □ No Ordotaken: □ Victim Inju	er of Protection Reury Suspect Inj	egistry checked? ☑ ury Other Evidence	Yes □ No O	rder of Protection in effect/ Property □ Videos I	? □ Yes □ N	o , ☑ Refrain □ Sta f Property? □ Yes,	Ø No
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Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): PRIOR DEALER OF	,
PRIEN DEMINE OF	11 esterion
	V (STABLE)
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence	ce Hotline at 1-800-942-6906 or
Legal Domostic Violence Service Provider: ()	
Has Suspect ever:	
Threatened to kill you or your children? Yes No Is suspect violently and consta	
Strangled or "choked" you?	eased in frequency or severity over the past 6 months?
Beaten you while you were pregnant? ☐ Yes ☐ No	6.5.4.
there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? 🛘 Yes 💭	No
Ves the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Vas DIR given to the Victim at the scene? Æ-Yes ☐ No if NO, Why: Was Victim Rights Notice give	on to the Victim? Yes No if NO, Why:
Signatures:	
Reporting Officer (Print and Sign include Rank and ID#) Supervisor (Print and Sign include Rank and ID#)	ank and ID#)
STATEMENT OF ALLEGATIONS/SUPPORTING DEP	POSITION
* Officers are encouraged to assist the Victim in completing this section of the form.	
Suspect Name (Last, First, M.I)	
(Victim/Deponent Name) state	that on/, (Date)
at (Location of incident) in the Cou	nty/City/Town/Village
of the State of New York, the following did occur:	
of the State of New York, the following did occur.	
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	(Use additional page as need
A Mindamonar nurei	uant to section 210.45 of the Penal Lav
False Statements made herein are punishable as a Class A Misdemeanor, pursu	uant to section 210.70 of the 1 onat =4.
+ W///	Note: Page
E CAMA	Whether or not this form
Victim/Deponent Signature Date	Whether or not time re
Victim/Deponent Signature 2720/18	is signed, this DIR Form
Victim/Deponent Signature	is signed, this DIR Form
Victim/Deponent Signature 2720/18	is signed, this DIR Form will be filed with Law Of

Agency: Case 2.19-CV-02030-3IVIA		Fileu do (naident#) Paye 70 0	11 93 に対象的は #. 90
\$25 g/ g	В	18-13-17-11	1.7.7
Describe Victim's prior domestic incidents wit	h this suspect (Last, Worst, First):		
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2			
History	•		
b lest test to the second of t	ns in this how rafar to the NVC I	Domestic and Sexual Violence Hotline a	t 1-800-942-6906 or
Local Domestic Violence Service Provider:		and Jonaci Fictions fishing a	
Has Suspect ever:		Is suspect capable of killing you or children?	☐ Yes ☐. No
Threatened to kill you or your children? Yes	∂ No	Is suspect violently and constantly jealous of	_ <u> </u>
Strangled or "choked" you?			·
· ·	•	Has the physical violence increased in frequ	
Beaten you while you were pregnant? Yes			. ☐ Yes ☐ No
Is there reasonable cause to suspect a child may be the	e victim of abuse, neglect, maltreatme	nt or endangerment? Yes No	-
If Yes, the Officer must contact the NYS Child Abuse Ho			
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	and the second of the second o	Was Victim Rights Notice given to the Victim	? D.Yes Do if NO. Why:
Was DIR given to the Victim at the scene? ☐ Yes ☐			
		1	•
Signatures:			
Reporting Officer (Print and Sign include Rank and ID#)		Supervisor (Print and Sign include Rank and ID#)	
Mesonal Completion	8647 BIC 2		
The second secon	, , ,	<i>-</i>	
STATI	EMENT OF ALLEGATION	IS/SUPPORTING DEPOSITION	
* Officers are appropriately against the Mistirs in comple	ating this socian of the form		
* Officers are encouraged to assist the Victim in comple	sung title section of the form.		
Suspect Name (Last, First, M.I)			1
	<u> </u>		·
	/\/intim/I	Deponent Name) state that on	/ / (Date
· .	(victim/t	Deponent Name) state that on	, (Date
at	(Location	of incident) in the County/City/Tov	wn/Village
of the State of N	New York, the following did	Loccur	<i>y</i>
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False Statements made herein are p	punishable as a Class A	Misdemeanor, pursuant to sect	ion 210.45 of the Penal Law
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The state of the s			\
		And A	Alata: Boss
Victim/Deponent Signature		Date	Note: Page
Victim/Deponént Signature		2/2/18	Whether or not this form
		Date 2 /7 // Y	Whether or not this form is signed, this DIR Form will be filed with Law
Victim/Depohent Signature Witness or Officer Signature	0	2/2/18	Whether or not this form is signed, this DIR Form
Victim/Deponent Signature	D Jame	2/2/18	Whether or not this form is signed, this DIR Form will be filed with Law

15.	Agency: Case 2:19-cv-02U5U-JIMA SIL DOMESTIC CIPEN	PEPOL	Ezi/19 Page	79 01 93 Pa	ingident##. 91
en:	Reported Date (MANOGOMMY) Time (24 hours) Occurred Date (MANOGOMMY) Time (24 hours)	Officer Initiat		☐ Walk-in.	Complaint#
ncliden		ICAD (NYC)	City State 7in		601
	Address (Street No., Street Name, Bidg. No., Apt No.)		City, State, Zip	Apt. o No	(11776)
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			739s.		The second second of the second secon
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	Name (Last, First, M.I.) (Include Aliases)		DOB MAKEOMM	Age: ☐ Female	e D Male entified:
	Address (Street No., Street Name, Bldg. No., Apt No.)		Suspect Phone Number		
(P2)	1. Kat ct	 			ic ☐ Non Hispanic ☐ Unknown
ect (P2)	City, State, Zip		American Indian		
Susp	Do suspect and victim live Suspect/P2 present? Was suspect injured? ☐ Yes ☐ No If ye	es describe:	Possible drug or alcoh		ervised? Probation Parole
"	together? ☐ Yes ☐ No ☐ Yes ☐ No		use? ☐ Yes ☑ Ńo		ervised
	Suspect (P2) Relationship to Victim (P1) ☑ Married ☐ Intimate Partner/Dating ☐ Forme☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative:	erly Married I	☐ Former Intimate Part		suspect and victim have a common? 🖵 Yes 🔲 No
100	Emotional condition of VICTIM? Upset Nervous Crying Angry Other:			• —	Common: DE 160 CI NO
		_	-10	. •	
ě	What were the first words that VICTIM said to the Responding Officers at the scene regarding	ing the incide	nt?	<u>۔۔۔۔۔۔۔۔۔</u> زن	
Te Z	**************************************				
E	Did suspect make victim fearful? ☐ Yes ☑ No If yes, describe:	-	· · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>
/ict	Weapon Used? ☐ Yes ☐ No Gun: ☐ Yes ☐ No Other, describe:		Sus	pect Threats?	Yes ☐ No If Yes, Threats to:
	Access to Guns? Yes A No If yes, describe:		——————————————————————————————————————	ictim Child(ren)	☐ Pet ☐ Commit Suicide
18	Injured? O Yes O No If yes, describe:	Strangulation		Other Describe: Loss of Conscious	ness Urination/Defecation
	In Pain? 🗆 Yes 🗹 No If yes, describe:	☐ Red eyes	/Petechia 🛘 Sore Thr	oat 🛘 Breathing C	hanged Difficulty Swallowing
	What did the SUSPECT say (Before and After Arrest):	visible Mar	ks? ☐ Yes ☐ Ńolfy	res, describe:	
Į	· · · ·				
8		·			
Suspe					
Suspe	710.30 completed? ☐ Yes ☑ No		,		
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Suspe	710.30 completed? ☐ Yes ☐ No				
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Suspe	710.30 completed? ☐ Yes ☐ No		have		
edsns	710.30 completed? ☐ Yes ☐ No Briefly describe the circumstances of this incident:		have:		
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Fative	710.30 completed? ☐ Yes ☐ No Briefly describe the circumstances of this incident:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	have:		
Narrative	710.30 completed? ☐ Yes ☐ No Briefly describe the circumstances of this incident:) C	have:		
dent Narrative Suspe	710.30 completed? ☐ Yes ☐ No Briefly describe the circumstances of this incident:		have:		
Incident Narrative	710.30 completed? ☐ Yes ☐ No Briefly describe the circumstances of this incident:		have		
Incident Narrative Suspe	710.30 completed? ☐ Yes ☐ No Briefly describe the circumstances of this incident:		have:		
Incident Narrative Suspe	710.30 completed? ☐ Yes ☐ No Briefly describe the circumstances of this incident:		haveis		
Incident Narrative Suspe	710.30 completed? ☐ Yes ☐ No Briefly describe the circumstances of this incident:		have		
Incident Narrative Suspe	710.30 completed? ☐ Yes ☐ No Briefly describe the circumstances of this incident:	s □ No On	der of Protection in effe	ct? □ Yes, ⊡ No	☐ Refrain ☐ Stay Away
	Briefly describe the circumstances of this incident: DIR Repository checked? ☐ Yes ☐ No Order of Protection Registry checked? ☐ Yes Evidence Present? Photos taken: ☐ Victim Injury ☐ Suspect Injury Other Evidence: ☐		der of Protection in effe	ct? □ Yes,⊡ No Destruction of P	
Evid	Priefly describe the circumstances of this incident: DIR Repository checked? ☐ Yes ☐ No	Damaged F	Property D Videos	Destruction of Policy If yes, Describe:	
Evid	Briefly describe the circumstances of this incident: DIR Repository checked? ☐ Yes ☐ No Order of Protection Registry checked? ☐ Yes Evidence Present? ☐ Yes ☐ No ☐ Other: ☐ Electronic Evide Offense Committed? ☐ Was suspect arrested? ☐ Yes ☐ No Offense 1	☐ Damaged F	Property D Videos	Destruction of P	
	Priefly describe the circumstances of this incident: DIR Repository checked? ☐ Yes ☐ No	☐ Damaged F	Property D Videos	Destruction of Policy If yes, Describe:	roperty? Yes No

	Agency: Case 2:19-6V-02058-JIVIA-51	Document 1-1	FIIEU Uo/JA/19	Page 80 of 93	CORNER W #. 92	
í.	Agency: B			752659		
	Describe Victim's prior domestic incidents with this su	USDECT /I are Warms Flores		96 267 9 3 F	<u> </u>	
	·					
	Visita	was Dis Paris				
	VIII					
History						
His						
rlor l	If the Victim answers "yes" to any questions in thi	is box refer to the NYS L	Domestic and Sexual Vio	lence Hotline at 1-800	0-942-6906 or	
ď	Local Domestic Violence Service Provider: ()	1.			
	Has Suspect ever:		Is suspect capable of killing			.□ No
1.	Threatened to kill you or your children? Yes No		Is suspect violently and con			□ No
	Strangled or "choked" you?		Has the physical violence i	increased in frequency or	severity over the past 6	months?
	Beaten you while you were pregnant? ☐ Yes ☐ No			•		. □ No
Ц			ytor and an and	□ Me		
	there reasonable cause to suspect a child may be the victim of		m or enuangerment? ☐ Yes	٠ ستر ١٧٥		
lf \	Yes, the Officer must contact the NYS Child Abuse Hotline Reg	gistry # 1-800-635-1522.				
W	as DIR given to the Victim at the scene?	O, Why:	Was Victim Rights Notice g	given to the Victim?	es No if NO, Why:	
1						
-	anatures.					
_	ignatures: porting Officer (Rrint and Sign include Rank and ID#)		Supervisor (Print and Sign include	le Rank and ID#)		
, \e	sporting Officer (Rrint and Sign located Rank and ID#)	1. V.	, wire sogn and	•		
L	d 1100 103140/60	1) YING	1			
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	STATEMEN	IT OF ALLEGATION	SOUTTUKTING DE	_r USI I (UN		
*	Officers are encouraged to assist the Victim in completing this	section of the form.				
┢━	uspect Name (Last, First, M.I)					
3						
-						
h		(Victim/[Deponent Name) stat	e that on /	1	
				.5 /		_, (Date)
	•	•	•			, (Date)
af	t	(Location	•			, (Date)
a	tof the State of New Yo	(Location	of incident) in the Co	ounty/City/Town/Vi		, (Date)
a		(Location	of incident) in the Co	ounty/City/Town/Vi		, (Date)
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al		(Location	of incident) in the Co	ounty/City/Town/Vi	illage	
	of the State of New Yo	(Location of Cork, the following did	of incident) in the Co	ounty/City/Town/Vil	(Use additional page	e as needed)
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	of the State of New Yo	(Location of Cork, the following did should be	of incident) in the Co	suant to section 2	(Use additional page 210.45 of the Per Note:	e as needed)
J	of the State of New Yo	Cork, the following did	of incident) in the Co	suant to section 2	(Use additional page 210.45 of the Per Note: ether or not this form gned, this DIR Form	e as needed) nal Law.
J	of the State of New Yo	Cork, the following did	Misdemeanor/purs	suant to section 2 Whe is sig will be	(Use additional page 210.45 of the Per Note:	e as needed) nal Law. Page Of
J	False Statements made herein are punish ctim/Deponent Signature itness or Officer Signature terpreter Signature and Interpreter Service Provider Name	hable as a Class A	Misdemeanor/purs	suant to section 2 Whe is sig will be	(Use additional page 210.45 of the Per Note: ether or not this form gned, this DIR Form be filed with Law	e as needed) nal Law. Page
Vic	False Statements made herein are punish	hable as a Class A	Misdemeanor/purs	suant to section 2 Whe is sig will be Enfor	(Use additional page 210.45 of the Per Note: ether or not this form gned, this DIR Form be filed with Law	e as needed) nal Law. Page Of

	Agency: Case 2:19	-cv-02858-J	MASIL		New You STIC INCID	ostatek e	74/19 Pag	je 81 o	193 Pagaka	
nt	Reported Date (MMDD07777)	Time (24-hours) IOc	curred Date o	DOME	Time (24 hours)	Officer Initia	ted A Radio Run	☐ Wal		<i>201/7</i> #
cident	62 1/3 1-4/8	9/2	3 1/8/10	ः ⁷ 8	/3/23	☐ ICAD (NYC)				2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ē	Address (Street No. Street Name	Bide No Ant No.)					City, State, Zip	ごますい	. 4. 5 - 7. 7	3 11/11/11/11/11
	34. 10 1461	ryta Lizytar			<u> </u>	<u> </u>				
67.	Name a series and a series and a						DOB autoparry	Age:	☐ Female ☐ Male	
44	Name (Last, First, M.I.) (Include Alia				, <u>, , , , , , , , , , , , , , , , , , </u>		DOB DUDDOMM	7 / 2	☐ Self-Identified:	
	Address (Street No., Street Name,	Bidg. No., Apt No.)					Suspect Phone Nun		Language:	
Suspect (P2) 🏡		Cond T			 	`	☑ White ☐ Black	☐ Asian		Hispanic □Unknown
ect	10 67 26	1-72500			<u> </u>				Other Identifier:	
sns	Do suspect and victim live	1	? Was suspe	ct injured	? □ Yes ②∵,No I	f yes describe:	l .		•	Probation Parole
	together? ☐ Yes ☐ No	☐ Yes □ No					use? □ Yes> ☐ No		Not Supervised Do the suspect an	
	Suspect (P2) Relationship			mate Part	ner/Dating	rmerly Married ☐ Other:	☐ Former Intimate P	artner	child in common?	
	Parent of Victim (P1)									
	Emotional condition of VICT									
À	What were the first words									
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Victim Interview	Did suspect make victim fe						9	uspect Thr	eats? 🛘 Yes 🗔 No	If Yes Threats to:
١٨	Weapon Used? ☐ Yes			r, describe): 			-	Child(ren) ☐ Pet ☐	
	Access to Guns? Yes		cribe:			1		Other De		
	Injured? ☐ Yes ☐ No					Strangulati ☐ Red eye	ion? □ Yes ·쿄 No s/Petechia □ Sore ৗ	□ Loss of Throat □ I	Consciousness 🔲 Ui Breathing Changed 🗆	rination/Detecation Difficulty Swallowing
*	In Pain? ☐ Yes ☐ No						rks? 🗆 Yes 🔁 No			
Suspect	What did the SUSPECT s	ay (Before and After Arrest)	:							
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Evid	☐ Yes ☐ No ☐ Ott				☐ Electronic E	vidence 🗆 Oth	er:	If yes,	Describe:	
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١£	☐ Yes ⊡ No	If no, explain:		- 1						
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Suspect (P2) Relationship to Victim (P1) © Merried Intimato Partner/Dating Former Intimate Partner Do the suspect and Victim Relative Child of Vic			injured'	? ☐ Yes ⊡dNo If ye	es describe:		_		
Suspect (P2) Relationship to Victin (P1)	S	together? ☐ Yes ☐ No ☐ Yes ☐ No				use? □ Yes □ No	, [*	
Emotional condition of VICTIM? Upset Nervous Crying Angry Other: What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? Weapon Used? Yes No Gunt Yes No Other, describe: Useful Child(ren) Pat Commits Stotic Other Describe: Useful Use	t	Suspect (P2) Relationship to Victim (P1) Tharried Intima	te Parti	ner/Dating D Form	erly Married	☐ Former Intimate Pa	artner	1-	
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Did suspect make victim fearful? Yes No Other, describe: Suspect Threats? Yes No If Yes, Threats to Order Of Protection Registry checked? Yes No If Yes, describe: Order of Protection in effect? Yes No If Yes, describe: Order of Protection Registry checked? Yes No If Yes, Describe: Order of Protection in effect? Yes No If Yes, Describe: Order of Protection in effect? Yes No If Yes, Describe: Order of Protection in effect? Yes No If Yes, Describe: Order of Protection in effect? Yes No If Yes, Describe: Order of Protection in effect? Yes No If Yes, Describe: Order of Protection Registry checked? Other: Other Order of Protection in effect? Yes No If Yes, Describe: Order of Protection in effect? Yes No If Yes, Describe: Order of Protection in effect? Yes No If Yes, Describe: Order of Protection in effect? Yes No If Yes, Describe: Order of Protection in effect? Yes No If Yes, Describe: Order of Protection in effect? Yes No If Yes, Describe: Order of Protection in effect? Yes No If Yes, Describe: Order of Protection in effect? Yes No If Yes, Describe: Order of Protection in effect? Yes No If Yes, Describe: Order of Protection in effect? Yes Offense 2	1								
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In Pain? Yes D: No If yes, describe: Red gyes/Petchia Sore Throat Breathing Changed Difficulty Swallow Visible Marks? Yes No If yes, describe:				· ·	Strangulati				☐ Urination/Defecation
What did the SUSPECT say (selector and After Arrest): Total Completed? Yes No No No No No No No			<u> </u>		Red eye	s/Petechia Sore 1	hroat 🗆	Breathing Change	ed Difficulty Swallow
Briefly describe the circumstances of this incident:	315				Visible Ma	rks? 🗆 Yes 🖭 No	lf yes, des	cribe:	
Briefly describe the circumstances of this incident:	×		1		· · · · · · · · · · · · · · · · · · ·				
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Briefly describe the circumstances of this incident:	Su	710.30 completed? ☐ Yes ☐ No							
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DIR Repository checked? D Yes No Order of Protection Registry checked? T Yes No Order of Protection in effect? Yes No Refr. Evidence Present? Photos taken: Victim Injury Suspect Injury Other Evidence: Damaged Property Videos Destruction of Property? If yes, Describe: Offense Committed? Was suspect arrested? Yes No Offense 1 Law (e.g. PL) Offense 2		979	1				~ 460	176	Carra, are
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☐ Yes ☐ No ☐ Other: ☐ Electronic Evidence ☐ Other: ☐ If yes, Describe: 9 Offense Committed? ☐ Was suspect arrested? ☐ Yes ☐ No Offense 1 ☐ Law (e.g. PL) ☐ Offense 2 ☐ Yes ☐ No ☐ No explain: ☐ Electronic Evidence ☐ Other: ☐ If yes, Describe: ☐ Offense 2 ☐ Yes ☐ No ☐ Other: ☐ Electronic Evidence ☐ Other: ☐ Other: ☐ Offense 2 ☐ Yes ☐ No ☐ Other: ☐ Other	_								
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VICTIM / COMPLAINANT COPY NYS DOMESTIC; AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906 3221-03/2016 DC.	ĐĘ.					The second secon		· · · · · · · · · · · · · · · · · · ·	
	VIC	TIM / COMPLAINANT COPY	YS DOM	IESTIC AND SEXUAL	VIOLENCE HO	TLINE 1-800-942-6906	322	1-03/2016 DC.	

Agency: Case 2)13-CV-02030-3IVIA-31	Document 1-1	HILEU UMICIATION PAGE	Companie #	. 90
Describe Victim's prior domestic incidents with this sus	spect (Last, Worst, First):	1 1 - 1 - 1		, .
	, h	4 4/7 : 3 4/6 ()	CIRTY C P. 1967	<u> </u>
IN COURT				
tory				
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If the Victim answers "yes" to any questions in this Local Domestic Violence Service Provider: ()	s box refer to the NYS D	omestic and Sexual Violence Hot	lline at 1-800-942-6906 or	
Has Suspect ever:		Is suspect capable of killing you or ch	ildren?	Yes. 🗆 No
Threatened to kill you or your children? Yes No		Is suspect violently and constantly jea	lous of you?] Yes □ No
Strangled or "choked" you?		Has the physical violence increased in		
Beaten you while you were pregnant? ☐ Yes ☐ No			[∃ Yes □ No
Is there reasonable cause to suspect a child may be the victim of		t or endangerment? Yes .No		
If Yes, the Officer must contact the NYS Child Abuse Hotline Regi	stry # 1-800-635-1522.			
Was DIR given to the Victim at the scene? ☐ Yes ☐ No if NO.	, Why:	Was Victim Rights Notice given to the	Victim?	Why:
Signatures:				
Reporting Officer (Print and Sign include Rank and ID#)		Supervisor (Print and Sign include Rank and ID	#)	
101MB-1213673	2/6/0/1			
		S/SUPPORTING DEPOSIT	ION	
* Officers are encouraged to assist the Victim in completing this s	ection of the form.			
Suspect Name (Last, First, MJ)	516A 6/12	186		
· · · · · · · · · · · · · · · · · · ·	,	eponent Name) state that o	in (C) 1 9411 of	/ T2 (Date)
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		of incident) in the County/Cit		
of the State of New Yo	rk, the following did	occur:	T. 6-67 71	
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\wedge				
False Statements made herein are punish	able as a Class A N	lisdemeanor, pursuant to	section 210.45 of the	Penal Law.
		10/24/17		, **
False Statements made herein are punish		Aisdemeanor, pursuant to	Note:	Page
Victim/Deponent Signature	Da i	10/24/17	Note: Whether or not this to is signed, this DIR F	Page orm
Victim/Deponent Signature Witness or Officer Signature	Da i	10/24/17 ate C/24/12	Note: Whether or not this t	Page orm
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ncldent	Reported Date (MANDONTY)	Time (24 hours) Oc	Curred Date (NAM)	Time (24	hours) Officer Initi		□Wa	lk-in Complain	1#	
ľ	Address (Street No., Street Name,	, Bldg. No., Apt No.)				City, State, Zip)F	FF S	TA		
	Name (Last, First, M.I.) (Include All	isses) SICA				DOB 1100000000000000000000000000000000000		☐ Female ☐ Male ☐ Self-Identified:	8	
_	Address (Street No., Street Name,	, Bldg. No., Apt No.)			· · · · · ·	Suspect Phone Num		Language:		
Suspect (P2)		FEYSUN	NY	11777	 			☐ Hispanic ☐ Non☐ Other Identifier:	Hispanic Unknown	
edsn	Do suspect and victim live	Suspect/P2 present	 		No If yes describe	Possible drug or ald	cohol S	Suspect supervised?	☐ Probation ☐ Parole	
S	together ? ☐ Yes ☐ No	□ Yes ⊡ No			Пе	use? 🗆 Yes 🖒 No		Not Supervised Do the suspect a	Status Unknown	
	Suspect (P2) Relationship ☐ Parent of Victim (P1) ☐					□ Former Intimate P.	artner		nd viotim have a P ☑ Yes ☐ No	
	Emotional condition of VICT	TIM? Upset D	Nervous Cryi	ng □ Angry □ C	Other: ALM					
W	What were the first words	that VICTIM said to t	he Responding	Officers at the sce	ene regarding the incid	lent?				
Interview	**************************************		5 5 6 66	and the Fifty						
ctim In	Did suspect make victim fe	earful? Yes N	lo If yes, describ	ж :						
Vict	Weapon Used? ☐ Yes ☐ No Gun: ☐ Yes ☐ No Other, describe: Suspect Threats? ☐ Yes ☐ No If Yes, Threats t									
	Access to Guns? Yes					☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide☐ Other Describe:				
	Injured? ☐ Yes ☐ No				Strangula	tion? ☐ Yes ☐ No	☐ Loss of	f Consciousness D L	Irination/Defecation	
	In Pain? Yes No				Red ey	es/Petechia □ Sore T arks? □ Yes ⊡ No	Throat 🗆 I	Breathing Changed [☐ Difficulty Swallowing	
۲	What did the SUSPECT sa		· NO	FILE		and; Lies Li NO	,co, ues			
Suspect										
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Evid					tronic Evidence Ot	1		Describe:		
Offense	Offense Committed? ☐ Yes ☐ No	Was suspect arrest		1		Law (e.g. PL)	Offense 2		Law (e.g. PL)	
-	CTIM / COMPLAINANT COPY	<u> </u>		l. <u></u>	D SEXUAL VIOLENCE	OTLINE 1-800-942-6906	200	1-03/2016 DO IS Co	ght © 2016 by NYS DCJS	
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	Agency: Case 2:19 ev 02058 JM/	4-51L	Document 1	-1-H-Hed (Incident #	Page 85 of 9	Complaint #	#: 97	
	SCPIS	В			19-	219 73	ַ כ	170 F	
	Describe Victim's prior domestic incidents with	this sus	pect (Last, Worst, First):	, 1	ال				
				V Co Tre	<u>_/</u>				
7									
Prior History									
T.	If the Victim answers "yes" to any question	s in this	box refer to the N	'S Domestic an	d Sexual Viole	ence Hotline at 1-	800-942-6906 or		
Pric	Local Domestic Violence Service Provider:			= '					
**	Has Suspect ever:			Is suspect	capable of killing	you or children?		☐ Yes ☐	J∕N₀
	Threatened to kill you or your children? Yes	Νo		is suspect	violently and con	stantly jealous of you	?	□ Yes □	3 No
	Strangled or "choked" you? ☐ Yes ☐	No		Has the ph	vsical violence in	creased in frequency	or severity over th	e past 6 mo	nths ₂ ?
	Beaten you while you were pregnant? ☐ Yes ☐.	No			•	•		☐ Yes ☐	/
	there reasonable cause to suspect a child may be the			tment or endange	rment? Yes	□/No			
lf Y	es, the Officer must contact the NYS Child Abuse Ho	tline Regi	stry # 1-800-635-1522.						
Wa	as DIR given to the Victim at the scene?	No if NO,	Why:	Was Victim	Rights Notice gi	ven to the Victim?	l¥es □ Noif NO	ጋ, Why:	
				,					
e;	gnatures: Ally niche Acha	نرسند	to PO L7(1:	1610/1					
_				Suponieor	(Print and Sign include	Rank and ID#)			
. ``	porting Officer (Print and Sign include Rank and ID#)	800	750/613/1						
_		•							
	STATE	EMENT	OF ALLEGATI	ONS/SUPPO	ORTING DE	POSITION			
Ľ	Officers are encouraged to assist the Victim in comple	ting this s	ection of the form.						
S	uspect Name (Last, First, M.I)	-							
	Perso	J (S	اد ما اد						
·			(Victi	m/Denonent	Nama) state	e that on	1	. 0	Date)
			(VICU	пиреропени	Marrie) Stati	e that on	-''	, (Date
al			(Location	on of inciden	t) in the Cou	unty/City/Town	Village	·	
	of the State of N	lew Yo	rk the following	did occur:			•		- 1
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ا	False Statements made herein are p	ounish	able as a Class	A Misdeme	aņor, pursi	uant to section	n 210.45 of th	ne Penal	Law.
	MANA.	_			1/2019				
Vi	ctim/Deponent Signature			Date			Note:		Page
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w	itness or Officer Signature		·	Date	i ·	is	signed, this DIR	R Form	Of
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Int	terpreter Signature and Interpreter Service Provider N	ame		Date		<u> </u>			
-	terpreter Requested Yes No Interpreter Used	☐ Yes							
Į Vi	CTIM / COMPLAINANT COPY		NYS DOMESTIC AND SI	EXUAL VIOLENCE I	HOTLINE 1-800-94	12-6906 3221-03/	2016 DCJS Copyrigh	t @ 2016 by N'	YS DCJS

	Agency: Case 2-19-cv-02858-JIVIA-SILL New Yorks DOMESTIC INCIDEN	TEREPOR	1/19 Page	86 of 93 F	PageID #: 98		
ont	Reported Date (www.comm) Time (24 hours) Occurred Date (www.comm) Time (24 hours) D	Officer Initiat		☐ Walkin	Complain		
ncid	Address (Street No., Street Name, Bidg. No., Apt No.)	ICAD (NYC)	City State Zin		601		
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	Address (Street No., Street Name, Bidg. No., Apt No.)		Suspect Phone Number	: Language	ə:		
ect (P2)	1. late ch		631-591-200		/ N 6 nic ☑ Non Hispanic ☐ Unknown		
ct (I	City, State, Zip		☐ American Indian ☐	Other Other	Identifier:		
ıspe	Do suspect and victim live Suspect/P2 present? Was suspect injured? ☐ Yes ☐ No If yes	s describe:	Possible drug or alcoho	Suspect sup	ervised? Probation Parole		
Sı	together ? 🗆 Yes 🗀 No 🗀 Yes 🔎 No		use? □ Yes □ No		ervised		
	Suspect (P2) Relationship to Victim (P1) ☐-Married ☐ Intimate Partner/Dating ☐ Forme	rly Married	☐ Former Intimate Partn	101 J	suspect and victim have a		
	☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative:	Other:		child ir	common? Yes No		
	Emotional condition of VICTIM? Upset Upset Crying Angry Other:	alm					
	What were the first words that VICTIM said to the Responding Officers at the scene regarding	ng the incide	nt?		<u></u>		
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Inter							
Victim Interview	Did suspect make victim fearful? ☐ Yes ☐ No If yes, describe:				V- Class 15 Val. Throats to:		
Vic	Weapon Used? ☐ Yes ☑ No Gun: ☐ Yes ☑ No Other, describe:				Yes ☑ No If Yes, Threats to:) ☐ Pet ☐ Commit Suicide		
	Access to Guns? ☐ Yes ☐ No If yes, describe:		☐ Other Describe:				
	mande: 2 100 /2 100 /myes, cookings	Strangulati	on? ☐ Yes ☑ No ☐ s/Petechia ☐ Sore Thro	Loss of Conscious oat Breathing	sness □ Urination/Defecation Changed □ Difficulty Swallowing		
	In Pain? ☐ Yes ☐ No If yes, describe:	Visible Ma	rks? ☐ Yes ☐ No If y	es, describe:			
ુ	What did the SUSPECT say (Before and After Arrest):						
spec							
Su	710.30 completed? ☐ Yes ☐ No						
	Briefly describe the circumstances of this incident:	11111	s. of ce of the	molalia	1,		
2.3	Briefly describe the circumstances of this incident:	XC 6	1 01 H4 1	vare las	1 noth		
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Incident Narrative Transmit							
	A WAR WAR						
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L	DIR Repository checked? ☐ Yes ☐ No Order of Protection Registry checked? ☐ Yes			ct? 🗆 Yes 🖵 Nб	☐ Refrain ☐ Stay Away		
Evid	Evidence Present? Photos taken: Uvictim Injury Suspect Injury Other Evidence: D		-	Destruction of	• •		
┢	☐ Yes ☐ No ☐ Other: ☐ Electronic Evide Offense Committed? ☐ Was suspect arrested? ☐ Yes ☐ No ☐ Offense 1	ence Oth		If yes, Describe:	1.		
Offense	Offense Committed? Was suspect arrested? ☐ Yes ☐ No Offense 1 ☐ Yes ☐ No If no, explain:		Law (e.g. PL)	ffense 2	Law (e.g. PL)		
٥							
1VI	TIM / COMPLAINANT COPY NYS DOMESTIC AND SEXUAL V	IOLENCE HO	TLINE 1-800-942-6906	3221-03/2016 D	CJS Copyright © 2016 by NYS DCJS		

	Agency: Case 2.19-CV-02858-JIVI/	A-SIL Document 1 B		
	Describe Victim's prior domestic incidents with		10-750-70-	. 3 1/2
	Describe victim's prior domestic incidents with	i una auapact (Lasi, Worst, Pirst).		
		11/1/2		
ory		·		
History				
Prior	If the Victim answers "yes" to any question Local Domestic Violence Service Provider:		'S Domestic and Sexual Violence Hotline a -	t 1-800-942-6906 or
	Has Suspect ever:		Is suspect capable of killing you or children?	Yes ☐ No
	Threatened to kill you or your children? Yes	No	Is suspect violently and constantly jealous of	,
	Strangled or "choked" you?	No	Has the physical violence increased in frequ	
	Beaten you while you were pregnant? ☐ Yes ☐	No		☐ Yes ☐ No
ls	there reasonable cause to suspect a child may be the	victim of abuse, neglect, maltreat	tment or endangerment? Yes No	
	es, the Officer must contact the NYS Child Abuse Hot			
Wa	as DIR given to the Victim at the scene? ☐ Yes ☐ I	No if NO, Why:	Was Victim Rights Notice given to the Victim	Yes No if NO, Why:
Si	gnatures:			
_	porting Officer (Print and Sign Include Rank and ID#)		Supervisor (Print and Sign include Rank and ID#)	
	FORMA Blent St	32 M My		
	STATE	EMENT OF ALLEGATION	ONS/SUPPORTING DEPOSITION	
* (Officers are encouraged to assist the Victim in complet	ting this section of the form.		
s	uspect Name (Last, First, M.I)			
<u> </u>		(Victiv	m/Deponent Name) state that on	/ / (Date)
a			on of incident) in the County/City/To	
		·	did occur:	
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				(Use additional page as needed)
	False Statements made herein are p	ounishable as a Class	A Misdemeanor, pursuant to sec	tion 210.45 of the Penal Law.
	ctim/Deponent Signature		Date	Note: Page
ľ	cum/Deponent Signature			Whether or not this form
w	itness or Officer Signature		Date	is signed, this DIR Form will be filed with Law Of Enforcement.
1:				EHOTÇETHENI.
	terpreter Signature and Interpreter Service Provider Na terpreter Requested □ Yes □ No Interpreter Used		Date	

Agency Case 2.19-CV-02030-JIVIAFSIC B	Filed US, Michigan Page 00 UI	193 PORTO (1917)
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):		and other himself
$^{\circ}1$	numbers domesti	CS (1CHIP)
fact		
2		
6		
If the Victim answers "yes" to any questions in this box refer to the NYS D Local Domestic Violence Service Provider: ()	omestic and Sexual Violence Hotline a	·
Has Suspect ever:	Is suspect capable of killing you or children?	
Threatened to kill you or your children? Yes D No	Is suspect violently and constantly jealous of	you? ☐ Yes ④ No
Strangled or "choked" you?	Has the physical violence increased in frequ	
Beaten you while you were pregnant? ☐ Yes ☐ No		☐ Yes ☑ No
is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatmen	nt or endangerment? Yes No	
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.	T	0 El V (Él N- KNO M/
Was DIR given to the Victim at the scene?[Ď Yes ☐ No if NO, Why:	Was Victim Rights Notice given to the Victim	? Li Yes 上 No if NO, Why:
	telesco	
Signatures:	Supposition rates and a state of the same	
Reporting Officer (Print and Sign include Rank and ID#)	Supervisor (Print and Sign Include Rank and ID#)	
Walter The RESONED !		
STATEMENT OF ALLEGATION	S/SUPPORTING DEPOSITION	
* Officers are encouraged to assist the Victim in completing this section of the form.		
Suspect Name (Lest, First, M.I)	 :- -	
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$\frac{115 + 32 + 15 + 3}{22 + 32 + 32 + 3} $ (Victim/E (Location of the control of	Deponent Name) state that on $\underline{\mathcal{O}}$	
of the State of New York, the following did	occur A San DA	I received a
Lead message from my who Cut are	20 15 La Willy	NEAD TOM
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the beautiful to contact, through	ner murpes ca	211 Dhone.
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False Statements made herein are punishable as a Class A l	Misdemeanor, pursuant to sect	ion 210.45 of the Penal Law.
Wasting Doppmont Strength to		Made: Bar-
Victim/Deponent, Signature	ate	Note: Page Whether or not this form
Witness or Officer Signature D	1./6 7./1."! ate	is signed, this DIR Form
		will be filed with Law Enforcement.
Interpreter Signature and Interpreter Service Provider Name	Date	
Interpreter Requested Yes No Interpreter Used Yes No VICTIM / COMPLAINANT COPY		

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A	Agency: Case 2:19-	-cv-02858-JMA- S I	DOMESTIC NOIDE	Mad Do 24/19 Pa	ge 89 of 93 Page D	#: 101 /7 7
ent.	Reported Date (www.pommon)	Time (24 hours) Occurred Date		Officer Initiated	n ☐ Walk-in Complaint	
Cld	1241 19	27/03 04/2		ICAD (NYC)	19-2	23.2058
100	Address (Street No., Street Name,	Bidg. No., Apt No.)	•	City, State, Zip	ieff sta NY.	11776
	. 12 12.71.1.1.1					
	Name (Last, First, M.I.) (Include Alia	enc.)		DOB (MACDOTTE)	Age: ☐KFemale ☐ Male	
	Perso.	JOSSICG		<u>061 17 8</u> 3	Self-Identified:	
23	Address (Street No., Street Name,	Bidg. No., Apt No.)		Suspect Phone Nu		
ect (P2)	City, State, Zip		<u> </u>		Asian ☐ Hispanić ☐ Non I	
ect	PACK VO	NY 117	77.	• • • • • • • • • • • • • • • • • • • •	n 🗆 Other 🗆 Other Identifier:	
Sus		Suspect/P2 present? Was sus	pect injured? ☐ Yes ☐ No If y		ł	
"	together? □ Yes No	☐ Yes ☐ No		use? □ Yes □		
	Suspect (P2) Relationship ☐ Parent of Victim (P1) ☐		ntimate Partner/Dating Form	erly Married Former Intimate Other:	Partner Do the suspect an child in common?	
			0-1			7
$f_{i,j}(t)$		TIM? Upset Nervous C		JPSC + D CG	147	
*		that VICTIM said to the Respond	ling Officers at the scene regard	ling the incident?		
ryle	Str 70	2/601 WG	The state of the s			
Inte						
ctim		arful? ☐ Yes ☐ No If yes, de		1	ATLANCE DIVERDING	If Ves. Threats to:
.Vi	Weapon Used? ☐ Yes	☐{No Gun: ☐ Yes ☐ No Ot	her, describe:	· I	Suspect Threats? ☐ Yes ☐No ☐ Victim ☐ Child(ren) ☐ Pet ☐	
	Access to Guns? ☐ Yes	No If yes, describe:			☐ Other Describe:	
1	Injured? ☐ Yes ☐ No	if yes, describe:		Strangulation? Yes No	☐ Loss of Consciousness ☐ Ut Throat ☐ Breathing Changed ☐	rination/Defecation
70.0	In Pain? ☐ Yes ☐ No	If yes, describe:	•	Visible Marks? Yes CN		
1.0	What did the SUSPECT sa	Ay (Before and After Arrest):	/			
spoc		/				
Su	710.30 completed? ☐ Yes	□ No J	•	•		
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5 11	Briefly describe the circum	stances of this incident:	Peports Re	rewing a to	SX4 Woosed	<
	7.00X/ YZ	- VIO NOT	MOTHERS	an brone 12	MO CONTRACTOR	(),
	631-258	-5176, PL	1100-12 GOCA	Workey 1000 C	15 45 4W 1AE	∑ <i>‡</i>
Incident Narrative	140 12 C	2 Orace of Pr	0 to 1 (10)	11010 + 21C	Mary Donar	#
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	DIR Repository checked?		ection Registry checked?			n 📮 Stay Away
vid	Evidence Present? Photo:	s taken: Victim Injury Su	spect Injury Other Evidence:	☐ Damaged Property ☐ Videos	Destruction of Property?	n ☐ Stay Away
e Evid	Evidence Present? Photos	s taken: □ Victim Injury □ Su er:	Spect Injury Other Evidence:	☐ Damaged Property ☐ Videos	Destruction of Property? If yes, Describe:	☐ Yes ৄ No
_	Evidence Present? Photos Yes No Offense Committed?	s taken: Victim Injury Su	spect Injury Other Evidence:	☐ Damaged Property ☐ Videos	Destruction of Property?	
Offense Evid	Evidence Present? Photos	s taken: Victim Injury Suer: Was suspect arrested? Yes	Spect Injury Other Evidence:	☐ Damaged Property ☐ Videos	Destruction of Property? If yes, Describe:	☐ Yes ৄ No

Agency Case 2:13 CV 02030 OWN CITE B	Trinca Go/ Incidents	-76979 (x)7
Describe Victim's prior domestic incidents with this susp	PCt (Last, Worst, First):	(0) (1)
		<u> </u>
E		
If the Victim answers "yes" to any questions in this be Local Domestic Violence Service Provider: (ox refer to the NYS Domestic and Sexual	Violence Hotline at 1-800-942-6906 or
Has Suspect ever:	is suspect capable of	killing you or children?
Threatened to kill you or your children? Yes Ño	Is suspect violently an	d constantly jealous of you? ☐ Yes ☐ No
Strangled or "choked" you?	Has the physical viole	nce increased in frequency or severity over the past 6 months?
Beaten you while you were pregnant? ☐ Yes ☐-No		☐ Yes ☐ No
Is there reasonable cause to suspect a child may be the victim of about If Yes, the Officer must contact the NYS Child Abuse Hotline Registry		Yes D-No
Was DIR given to the Victim at the scene? ☐ Yes ☐ No if NO, W	hy: Was Victim Rights Not	tice given to the Victim? Yes No if NO, Why:
Signatures:		A.y. Carlotte
Reporting Officer (Print and Sign include Rank and ID#)	Supervisor (Print and Sign	include Rank and ID#)
	OF ALLEGATIONS/SUPPORTING	DEPOSITION
* Officers are encouraged to assist the Victim in completing this sect	on of the form.	
Suspect Name (Last, First, M.I)	1.1.	
A STATE OF SERVICE		
1-1-10 18 -121 27 Jan	(Victim/Deponent Name)	state that on <u>></u> 1 <u>09</u> 1 <u>766</u> , (Date)
at	(I ocation of incident) in the	County/City/Town/Village
of the State of New York	the following did annuality in the	Country only 1 own village
of the State of New York	une following ald occur: 🚣 🕠 🖰	1) Proposition of the second
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		(Use additional page as needed
False Statements made herein are punishab	le as a Class A Misdemeanor, pu	ursuant to section 210.45 of the Penal Law.
Victim/Deponent Signature	Date	Note: Page
the sing or a fresh,	5/1/19	Whether or not this form
Witness or Officer Signature	Date / / / / (is signed, this DIR Form
Interpreter Signature and Interpreter Service Provider Name		will be filed with Law Enforcement.
Interpreter Requested Yes No Interpreter Used Yes		
VICTIM / COMPLAINANT COPY	S DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-8	00-942-6906 3221- 03/2016 DCJS Copyright © 2016 by NYS DCJS

B	1. 17/1/1/19 1412	
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):		
***	2,74.76	
	and the second s	
If the Victim answers "yes" to any questions in this box refer to the N Local Domestic Violence Service Provider: ()		
Has Suspect ever:	is suspect expanse of training years	No
Threatened to kill you or your children? Yes No	is suspect violently and denote by	. □_No
Strangled or "choked" you? ☐ Yes ☐ No	Has the physical violence increased in frequency or severity over the past 6	months?
Beaten you while you were pregnant?	☐ Yes	S □ No
ere reasonable cause to suspect a child may be the victim of abuse, neglect, maltre	eatment or endangerment? Yes No	
er reasonable cause to suspect a child may be the Wellin of accest, inc.	2.	
	Was Victim Rights Notice given to the Victim? ☐ Yes ☐ No if NO, Why:	
s DIR given to the Victim at the scene? 🖳 Yes 🛭 No if NO, Why:	Was violant regime research	
		• .
natures:	Supervisor (Print and Sign include Rank and ID#)	
porting Officer (Print and Sign Include Rank and ID#)	,	
10 620 level 2		,
	TIONS/SUPPORTING DEPOSITION	*
Officers are encouraged to assist the Victim in completing this section of the form.		
uspect Name (Last, First, M.I)		
(Vic	ctim/Deponent Name) state that on//	_, (Date
· · · · · · · · · · · · · · · · · · ·	ation of incident) in the County/City/Town/Village	.5
of the State of New York, the followin	ng did occur:	
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	<u> </u>	<u>/</u>
	The state of the s	
	(Use additional p	•
Eoleo Statements made herein are nunishable as a Cla		•
False Statements made herein are punishable as a Cla	(Use additional pass A Misdemeanor, pursuant to section 210.45 of the P	•
		enal La
False Statements made herein are punishable as a Cla	Date Note: Whether or not this form	Page
/ictim/Deponent Signature	Note: Whether or not this form is signed, this DIR Form	Page
	Date Note: Whether or not this form	Page
Tictim/Deponent Signature	Date Note: Whether or not this form is signed, this DIR Form will be filed with Law	Page

	Agency:Case 2:19-	-CV-UZ858-JIV '	"/\ "A - \[\]	DOCUMENTAL YORK DOMESTIC INCIDE	Stiffe US	RT Page	92 0		. 104
cident	Reported Date (милооттт)	I	curred Date (MM/O)	ommi Time (24 hours)	Officer Initia	ted - Pradio Run	☐ Wal	lk-in Complaint#	
Inci	Address (Street No., Street Name,	Bidg. No., Apt No.)		<u> </u>	ICAD (NYC)	City, State, Zip			<u>·</u>
	2				سندنين	pila		A NT	2. y 1 co.
	i t								
	Name (Last, First, M.I.) (Include Alia	1505)				DOB (мм/ролтт)	Age:	Female Male	
	Address (Street No., Street Name,			· · · · · · · · · · · · · · · · · · ·		Suspect Phone Number	er:	☐ Self-Identified: Language:	
(P2)	Address (street No., Street Name,	, garage eye every		<u></u>		-			ispanic DII-I
ct (F	City State Zin	6 NI.	17		-	□-White □ Black □ □ American Indian □		☐ Hispanic ☐ Non H☐ Other Identifier:	ispanic LUnknown
uspect	Do suspect and victim live	Suspect/P2 present?	Was suspect i	injured? □ Yes □-No If y	es describe:	Possible drug or alcoh	hol Si	uspect supervised?	
Ñ	together ? □ Yes ☑ Ño	□ Yes ⊅ Ño				use? □ Yes □ No		Not Supervised	
	Suspect (P2) Relationship				erly Married	☐ Former Intimate Part	tner	Do the suspect and child in common?	
L	Parent of Victim (P1)							cisiu in conimon?	,_ ,\0 L NU
	Emotional condition of VICT				<u>্বিদ্রু</u>				
W	What were the first words								
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n int	Did suspect make victim fe	arful? □ Vec □ M	o if ves desorbe	<u> </u>					
Victim Interview	Weapon Used?						•	reats? ☐ Yes ☐ No i	
<u>ج</u> ا	Access to Guns? Yes					□ Victim □ Child(ren) □ Pet □ Commit Suicide □ Other Describe:			
					Strangulati	on? ☐ Yes ☐ Ño ☐	Loss of	Consciousness Uri	nation/Defecation
Injured? ☐ Yes ☐ No If yes, describe: Strangulation? ☐ Yes ☐ No ☐ Loss of Consciousness ☐ Urination/D ☐ Red eyes/Petechia ☐ Sore Throat ☐ Breathing Changed ☐ Difficult Visible Marks? ☐ Yes ☐ No If yes, describe:								Breathing Changed 🔲	Difficulty Swallowing
	•	•			with the	Vo:	yea		
	What did the SUSPECT sa					KS: L TES LE NO!	yes, aesc		
pect	What did the SUSPECT sa		111	isint		RST LI 165 LE INVII	yes, ass.		
Suspect	What did the SUSPECT sa	ay (Before and After Arrest):	111	rsint		KST LI TOS LA NOTI	yes, desi		
Suspect	What did the SUSPECT s	ay (Before and After Arrest):	111	rsmt		NST LI FOS LE NOTI	yes, dest		
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Suspect	What did the SUSPECT sa	ay (Before and After Arrest):	W W			NST C 16S LZ NO.	yes, 0030		
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Suspect	What did the SUSPECT so	ay (Before and After Arrest): S. No nstances of this incide	W W			RST U FOS ZE NO II	yes, 0030		
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Incident Narrative	What did the SUSPECT satisfies the circum	ay (Before and After Arrest): s, No	Not (v			RST U FOS ZE NO II	, , , , , , , , , , , , , , , , , , , ,		
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ns .	What did the SUSPECT satisfies the circum	ay (Before and After Arrest): s, No nstances of this incides	Mo! (1				1.		n □ Stay Away
Su Incident Narrative	What did the SUSPECT satisfies the circum Briefly describe the circum DIR Repository checked?	ay (Before and After Arrest): s,	int:	n Registry checked?	es 🗆 No O	rder of Protection in eff	ect?		n ☐ Stay Away
ns .	What did the SUSPECT satisfies the circums Priefly describe the circums DIR Repository checked? Evidence Present? ☐ Yes ☐ No ☐ Ott	ay (Before and After Arrest): s, No No No No Orrestaken: Victim In	nnt:	n Registry checked? ☑ Yet Injury Other Evidence: □-Electronic Evid	es □ No O □ Damaged	rder of Protection in eff .Property □ Videos	ect? 🗆 \	Yes ⊡rÑo □ Refrain	
Evid Incident Narrative	What did the SUSPECT satisfies the circum Briefly describe the circum DIR Repository checked? Evidence Present? Photo □ Yes □ No □ Ott	ay (Before and After Arrest): s,	nnt:	n Registry checked?	es □ No O □ Damaged	rder of Protection in efference of Property □ Videos er:	ect? 🗆 \	Yes ⊡rÑo □ Refrainuction of Property?	
Su Incident Narrative	What did the SUSPECT satisfies the circum Briefly describe the circum DIR Repository checked? Evidence Present? Photo □ Yes □ No □ Ott	ay (Before and After Arrest): s, No No No No Orrestaken: Victim In	nnt:	n Registry checked? ☑ Yet Injury Other Evidence: □-Electronic Evid	es □ No O □ Damaged	rder of Protection in efforts. Property □ Videos er:	ect? \(\text{\tint{\text{\tint{\text{\tin}\text{\tex{\tex	Yes ⊡rÑo □ Refrainuction of Property?	☐ Yes ☐ Ño

	Agency: Case 2.19 CV 02030 JW	B	incident # 9 Page 93	
	Describe Victim's prior domestic incidents with			14 36 4 May 1
	N'UM 28 0. 5	VILLIATION	VICEAT MASS	
		FFF. T	Varant page 5	
Ju				
1811		·		
Fror	If the Victim answers "yes" to any question Local Domestic Violence Service Provider:	s in this box refer to the NYS Do	omestic and Sexual Violence Hotline a	nt 1-800-942-6906 or
	Has Suspect ever:		Is suspect capable of killing you or children?	
	Threatened to kill you or your children? Yes	No	Is suspect violently and constantly jealous of	
	Strangled or "choked" you? ☐ Yes ☐		Has the physical violence increased in frequ	
	Beaten you while you were pregnant? ☐ Yes ☐	No		☐ Yes ☐ No
	there reasonable cause to suspect a child may be the		or endangerment? Yes , No	
	Yes, the Officer must contact the NYS Child Abuse Hol		·	
N	/as DIR given to the Victim at the scene?	No if NO, Why:	Was Victim Rights Notice given to the Victim	n? ☐ Yes ☐ No if NO, Why:
S.	Signatures:		<u> </u>	
26	enorting Officer (Print and Sign include Bank and ID#)		Supervisor (Print and Sign Include Rank and ID#)	
-	PIA AATAMA Sign include rains and usay	R/60/23/	<u> </u>	<u></u>
	and the second of the second o	`	S/SUPPORTING DEPOSITION	
* (Officers are encouraged to assist the Victim in complet	ting this section of the form.		
	Suspect Name (Last, First, M.I)	130, 4551		
_	Ų	, <u> </u>		/ / (Dota)
1		·	eponent Name) state that on	
a	at	(Location of	of incident) in the County/City/To	wn/Village
	of the State of N	lew York, the following did	occur:	
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				(Use additional page as needed)
1		ounishable as a Class A M	lisdemeanor, pursuant to sect	tion 210.45 of the Penal Law.
•	raise Statements made herein are p			
	False Statements made herein are p	, ; Da	1. (·) / / r	Note: Page
		(/, 0) /2 /	$\frac{\left(\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2}\right)}{\left(\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2}\right)}$	Whether or not this form
Vi		Da Da	1. P. 1 / K	Whether or not this form is signed, this DIR Form will be filed with Law
Vi	Vitness or Officer Signature Interpreter Signature and Interpreter Service Provider Na	Da ame	1te - - - - - - - - -	Whether or not this form is signed, this DIR Form
Vi N	vitness or Officer Signature	Da ame Da Da	ate	Whether or not this form is signed, this DIR Form will be filed with Law